

Meeting/Conference Attendance Request



Name:

Position/PGY:

University of Louisville Department of Urology
234 E. Gray Street, Suite 662
Louisville, KY 40202
Phone: 502-588-4746
Fax: 502-588-9537

<http://louisville.edu/medschool/urology>

Meeting/Conference/Event			
Location			
Destination Arrival Date		Destination Arrival Time	
Return Date		Return Time	
		ESTIMATED COSTS (Office Use Only)	
		Travel costs	
		Accommodations	
		Expenditures (meals, parking, etc.)	
		TOTAL	

Reason for request:
Please attach supporting
documentation. (applications,
invitations, submissions,
letter of interest, etc.)

Once completed, print form and submit to residency coordinator for calculation and approval.

Signature:

Approved By: