



APICES 2016 TRAVEL STIPEND FORM

To offset the current economic restraints that some residents and programs may be feeling, a special travel reimbursement of **up to \$200** (anything under \$200 will be reimbursed at that amount) will be available to each resident who attends the meeting. The reimbursement will be issued after the meeting upon verification of attendance, submission of this completed form and submission of proof of travel expenses, i.e., airline, train, bus or gas receipts. **DUE Friday, August 1, 2016.**

APPLICANT INFORMATION

First Name _____

Last Name _____

Program _____

Graduation Year _____

Social Security Number (must be included to receive reimbursement)

Reimbursement Check Made Payable to:

*Check will be sent to this address

Name _____

Address Line 1 _____

Address Line 2 _____

City _____

State _____ Zip _____

E-mail Address _____

Please attach a copy of your proof of travel and submit to:

American Association of Endodontists

Attn: Development Coordinator

211 E. Chicago Ave., Suite 1100

Chicago, IL 60611-2691

Phone: 800/872-3636 (U.S., Canada, Mexico) or 312/266-7255

Fax: 866/451-9020 (U.S., Canada, Mexico) or 312/266-9867

E-mail: ahoule@aae.org