

## ICIBM 2018 Travel Award Information

The goal of the ICIBM 2018 Travel Award is to encourage the participation of young scientists in training, including graduate and undergraduate students as well as postdoctoral fellows. Specific consideration will be given to qualified applicants from underrepresented populations.

To be considered for an award the candidate must:

- Submit a paper/abstract for the conference.
- Be the first author on the paper/abstract.
- Must be a student or postdoctoral fellow.
- Complete and submit the award application form by the deadline.

### Instruction

Please send the completed form (**see next page**) to Dr. Fuhai Li ([Fuhai.Li@osumc.edu](mailto:Fuhai.Li@osumc.edu)) or Dr. Lei Xie ([lei.xie@hunter.cuny.edu](mailto:lei.xie@hunter.cuny.edu)) by May 01, 2018. An email confirmation of receipt will be sent no later than 48 hours after email submissions.

### Review Criteria

All applications will be reviewed and evaluated based on the submitted paper/abstract by the following criteria: (1) relevance to the topics of the conference, (2) significance of the work, (3) clarity of the presentation, and (4) soundness of the data. The selected awardees will be notified via email prior to the meeting and publicly announced during the closing ceremony.

**For more information regarding this Travel Award, please contact:**

**Dr. Fuhai Li** ([Fuhai.Li@osumc.edu](mailto:Fuhai.Li@osumc.edu))

**Dr. Lei Xie** ([lei.xie@hunter.cuny.edu](mailto:lei.xie@hunter.cuny.edu))

# ICIBM 2018 Travel Award Application Form

## Instruction

Please send the completed form (see next page) to Dr. Fuhai Li (Fuhai.Li@osumc.edu) or Dr. Lei Xie (lei.xie@hunter.cuny.edu) by May 01, 2018. An email confirmation of receipt will be sent no later than 48 hours after email submissions.

## Name

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(Last, First Middle)

## Status (check one)

Undergraduate student  Graduate student  Postdoctoral fellow

## Contact Information

Department:

Institution:

City, State, Zip/Postal Code, Country:

Country:

Email:

Phone:

## Can your travel costs be covered under institutional/departmental/research funds?

(Please check one)  Yes  No

(If no, please provide supervisor email address: \_\_\_\_\_)

## Race/Ethnicity (please check one):

White/Caucasian  African American  Asian  Hispanic  Other

Prefer not to answer

## Abstract Information

Abstract ID:

Abstract Title:

**I hereby certify that this application is complete and correct to the best of my knowledge:**

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Signature

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Date