**Rhizo5 Student Travel Award Application**

**Application deadline: March 1, 2019**

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| Student Name:  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Presentationa:  Oral  Poster |
| Status:  Full-Time  Part-Time |
| Address: | E-mail:  Phone Number: |
| University: | Degree Program:  Undergrad  MSc  PhD |
| Program Start Date (mm/yyyy): | Expected Program Completion Date (mm/yyyy) b |
| Supervisor or Department Chair (Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor or Department Chair (Signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Are you registered for the conference?  Yes  No | |
| Title of Presentation and/or Poster: | |
| Abstract: | |

*a To select a box, double click on the box and select “Checked” under “Default value”.*

*b Please note that you* ***must*** *be registered as a student at the time of the conference to be eligible for the Rhizo5 Travel Award.*