

APICES 2018 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, September 14, 2018.**

In addition to the travel stipend, your check will include your \$100 registration deposit reimbursement.

APPLICANT INFORMATION

 \Box If you did not incur travel expenses and would just like to receive your \$100 deposit back, please indicate by checking this box and completing the information below. No proof of purchase necessary.

First Name	 	
Last Name		
Program		
Graduation Year		
Reimbursement Check Made Pa *Check will be sent to this address		
Name	 	
Address Line 1	 	
Address Line 2	 	
City		
State		
F-mail Address		

Please submit this form and all travel receipts via email to:

residents@aae.org

Phone: 800/872-3636 (U.S., Canada, Mexico) or 312/266-7255 American Association of Endodontists 180 N. Stetson Ave., Suite 1500 Chicago, IL 60601