# Request for Approval of International Travel

<table>
<thead>
<tr>
<th>Name of Requestor:</th>
<th>Program:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Request Date:</td>
<td>Name of Conference:</td>
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<tr>
<td>Meeting/Conference Sponsor:</td>
<td>International Location:</td>
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<tr>
<td>Dates of Meeting:</td>
<td>Dates Plan to be away:</td>
</tr>
<tr>
<td>Date Returning to work:</td>
<td></td>
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</tbody>
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I am requesting:  
- [ ] Registration Fee  
- [ ] Travel Expenses  
- [ ] Lodging: No. of Nights  

*Must attach copy of meeting brochure defining agenda, objectives and location accommodations*

**Purpose of attendance (Please check all that apply):**

- [ ] Plenary session speaker (podium presenter)  
- [ ] Oral abstract presentation  
- [ ] Poster abstract presentation  
- [ ] Honoree  
- [ ] Invited speaker (i.e. meet the professor, symposium presenter, etc.)  
- [ ] Moderator  
- [ ] Executive Committee member of the organization sponsoring the meeting  
- [ ] Personal CME education  
- [ ] Other (please specify)  

Other CME education attended in the current fiscal year  

**Expenses paid by:**

- [ ] Monetary award  
- [ ] Sponsoring organization  
- [ ] CMH  
- [ ] Self  
- [ ] Other (please specify)  

- [ ] Travel grant - if yes: Amount:  
  Sponsor name:  

Plans for sharing information upon return to CMH:  

Requestor’s signature  
Date  

Program Director’s signature  
Date  

**Administration Purposes Only:**

Administrative Director’s signature  
Date  

Executive VP’s signature  
Date