**Application for 2019 ACSM Meeting!**

**28 May–1 Jun 2019, Orlando, FL**

**Robert K. Conlee ACSM Travel Award**

**(Graduate Students Only)**

As a Fellow of the American College of Sports Medicine (ACSM), Robert K. Conlee (Professor Emeritus of Exercise Sciences, Brigham Young University) believes that the ACSM is the premiere professional organization in supporting the acquisition and dissemination of knowledge in the broad field of exercise science. He knows from experience that there is educational value for students in hearing from and interacting with world-renowned experts at professional meetings that can never be obtained in the classroom or laboratory. Therefore, he established this award to fully fund one graduate student each year to travel to the Annual Meeting of the ACSM to present his or her original research; to receive this worthwhile educational experience; and, hopefully, to begin a lifelong affiliation with this internationally recognized organization.

**ACSM: Abstract due to ACSM by**

**1 November**

**Applications: Due to 106 SFH by 8:00 a.m.**

**10 February**

**Decisions: Selected based on abstract and project scientific quality**

**Awardee notified March**

Winner will have all expenses paid—airfare, registration, and housing—plus per diem and all other associated costs not normally covered for students. The winner may also upgrade his/her stay to the onsite conference hotel if desired.

**Applications will NOT be accepted without the Abstract**

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| **Department of Exercise Sciences** | **Submission Date** |  |

rev. 08/2018

**Conlee ACSM Travel Award Application**

**➀ *This form,* ➁ *required signatures,* ➂ *your abstract, and a* ➃ *signed*** [***Risk Release Agreement***](http://purchasing.byu.edu/dept/travel/788.pdf) ***constitute a completed application***

|  |  |  |
| --- | --- | --- |
| ***Printed Name*** *(as it appears on your driver’s license)* | ***Birth Date*** | ***Phone*** |
|  |  |  |
| ***E-mail*** | ***BYU ID#*** | ***NetID*** |
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| **PhD** |  | Exercise Physiology |  | Health Promotion |  | Physical Medicine & Rehabilitation | | |
| **MS** |  | Athletic Training |  | Exercise Physiology |  | Exercise Science |  | Health Promotion |

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| ***Faculty Mentor Name (Agrees to oversee disbursement of funds according to approved budget and to insure the submission of a final report)*** |
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| ***Convention Name (spell it out)*** | ***Location*** |
| **American College of Sports Medicine Conference** | **Orlando, FL** |

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| --- | --- |
| ***Departure Date*** | ***Return Date*** |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Estimated Expenses** | **Proposed** | **Actual Cost** |  |  |
| **Registration Fee** |  |  | *Student Signature* **↑** | *Date* |
| **Airfare** |  |  |  | |
| **Hotel** |  |  |  |  |
| **Other Expenses** |  |  |
|  |  |  |
|  |  |  | *Faculty Mentor Signature* **↑** | *Date* |
|  |  |  |  | |
|  |  |  |  |  |
| **Per Diem\*** |  |  |
| **Personal Miles (rt slc $50)** |  |  |
| **Total** |  |  | *Department Chair Approval* **↑** | *Date* |

\*Do not include any meals included with conference or other complimentary meals.

|  |  |  |  |
| --- | --- | --- | --- |
| **office use only — after-trip report** | | | |
| **Date** |  | **Completed Trip Actual Expense** | **$** |
| **Signature** |  | | |