

**Department of Otolaryngology – Head and Neck Surgery
Research, Presentation, and Grant Form 2015/2016**

*** Required for *each project***

Title of Project: _____

Resident Name: _____

Supervisor(s) Name: _____

Abstract (~250 words, provide summary even if results not available)

Will this be your resident's day presentation?

Title of Resident's Day Presentation (required for PGY-2 to PGY-4 residents)

Conferences

Planned conference presentation and dates (if applicable):

**Estimated budget (can be rough and change):*

Airfare –

Registration –

Hotel –

Poster Printing (if applicable) –

*Airfare maximum is \$1000 inclusive of taxes. Hotel is for two night (maximum \$200/night inclusive of taxes). Meals, taxis, rental cars, etc. will not be reimbursed. Total funding is maximum \$1750.

NOTE: A manuscript must be submitted within 4 months of the presentation date, and a manuscript submission number is required prior to submission of receipts.

RESEARCH GRANT (if applicable)
Department of Otolaryngology- Head and Neck Surgery
Research Grant Request Form 2015/2016

Title of Project: _____

Resident Name: _____

Supervisor Name: _____

	Item	Specify Quantity and per unit cost	Request Amount
Equipment or Facility	Purchase or Rental:		
	Operation & Maintenance Costs:		
	User Fees:		
Materials and Supplies	Specify Details:		
Collaboration & Consultations Costs	Statistics (eg. Dollars/hour and total hours – maximum \$200):		
	Other:		
Other	Specify Details:		

TOTAL BUDGET REQUEST:

Budget Justification:

Please provide a brief justification of the budget that you have submitted (no greater than half a page). If greater than 20% deviation from estimated budget, will need to provide written explanation to Research Director.

Authorization:

Principal Supervisor Signature: _____

Date: _____

Research Director Signature: _____

Date: _____