



## Attendance & Travel Assistance Request Form (HBCU/MI Institutions & Underrepresented Groups)

The organizers of the 2010 ISSSR have a special Attendee-Assistance Recruitment Program that seeks to increase participation levels of: (1) researchers and graduate students from HBCU/MI Institutions, and (2) graduate student within underrepresented groups (minorities, women and persons with disabilities) from all U.S. Academic Institutions. Interested potential conference attendees are encouraged to make application as described below. Please note that applications will be collected between February 1, 2010 and May 15, 2010 and the estimation for final notification of awardees is on, or before, June 1, 2010.

**Full Name (First, Middle Initial, Last):** \_\_\_\_\_  
**Affiliation:** \_\_\_\_\_  
**Work Telephone:** \_\_\_\_\_ **Home Telephone:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**Country:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**Applicant is from HBCU/MI Institution (enter Yes or No):** \_\_\_\_\_  
**If Yes provide: the *Name of Institution & Department*, below**

\_\_\_\_\_

**Applicant is from an Underrepresented Group (enter Yes or No):** \_\_\_\_\_

**Please Check all that Apply: Minority:**  **Female:**  **Disabled:**

**Please compose a statement (please limit to one-page or less) that: (1) explains your primary interests/reasons for attending the conference; (2) your present research interest and activities; and (3) circumstances related to why you need assistance, and please attach this statement when you return this form.**

**Please Check/Complete All That Apply:**

**Request Waiver of Registration Fee:**

**(Conference Registration is \$400 for Senior Researcher & \$300 for Students):**

**Please indicate amount needed to enable your attendance (Limit of \$400):** \_\_\_\_\_

**Request Financial Support for Travel to Conference:**

**Please indicate amount needed to enable your attendance**

**(US Travel Limit of \$400; International Limit of \$750):** \_\_\_\_\_

**Request Financial Support for Hotel Accommodations:**

**Please indicate amount needed to enable your attendance (Limit of \$400):** \_\_\_\_\_

### **INFORMATION FOR SUBMISSION OF FORMS:**

- (1) Preferred Method – Scan as a pdf file and email to admin@issr.com.
- (2) Alternative Method – FAX to NANO-DDS Organizers at (302) 258-0521.

PLEASE only use one method.