



# Alpha Eta Mu Beta

## NATIONAL BIOMEDICAL ENGINEERING HONOR SOCIETY

### AEMB 2016 Student Travel Award (up to \$500) Application

#### CONTACT INFORMATION

Name	
Street Address	
City	
State	
Postal Code	
Official School email address	
AEMB Local Chapter (School)	
Current Leadership position in your local AEMB chapter	

#### AVAILABILITY

To receive an AEMB travel award, you are required to attend the following 2 sessions. Please initial by the sessions as acknowledgement.

\_\_\_ AEMB Annual National Convention (required) [Thursday 6<sup>th</sup> October 2016]

\_\_\_ AEMB Annual Ethics Session [Friday 7<sup>th</sup> October 2016]

Are you also aware that there is an AEMB reception on Thursday the 6<sup>th</sup> October 2016 at the Convention Center in Lounge A and there is an AEMB sponsored MINDs workshop on Saturday 8<sup>th</sup> of October 2016 ? \_\_\_\_\_

#### AGREEMENT AND SIGNATURE

By submitting this application, I affirm that I will only accept a reimbursement if I attend the National Convention, and the AEMB Annual Ethics session. I understand that there are a limited number of travel reimbursements available and these travel reimbursements will be awarded on a first-come, first-served basis. Award funds are provided to help cover costs associated with travel, BMES meeting registration, lodging, and food. Under no circumstance are award funds to be used for the purchase of alcohol. I understand that the award will arrive as a reimbursement following the BMES meeting. Finally, I understand that a copy of my travel expenses and all receipts must be provided for my reimbursement to be processed. Please email this application to [aemb@alphaetamubeta.org](mailto:aemb@alphaetamubeta.org) no later than **19<sup>th</sup> September 2016**.

Student Name	
Student Signature	Date :

I certify that the above student is an active member of the AEMB Chapter at \_\_\_\_\_ and is in good standing with the department.

Faculty Name	
Faculty Signature	Date :

Amount pledged by the Department of Biomedical Engineering at \_\_\_\_\_

Department Chair Name	
Signature	Date :

**OUR POLICY:** It is the policy of Alpha Eta Mu Beta, Inc. to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and look forward to seeing you in Minneapolis, MN. Please complete the form, scan with signatures and return to the AEMB administration [aemb@alphaetamubeta.org](mailto:aemb@alphaetamubeta.org). Upon approval of the award, please save all receipts and submit an expense report for reimbursement.



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