



# Alpha Eta Mu Beta

INTERNATIONAL BIOMEDICAL ENGINEERING HONOR SOCIETY

## AHMB 2019 Student Travel Award (up to \$500) Application

### CONTACT INFORMATION

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

### AVAILABILITY

To receive an AHMB travel award, you are required to attend the following 2 sessions and sign up for 1 shift (1 hour) at the AHMB table. Please initial by the sessions as acknowledgement.

\_\_\_ AHMB Annual Convention (required) [Thursday 17<sup>th</sup> of October 2019]

\_\_\_ AHMB Annual Ethics Session [Friday 18<sup>th</sup> of October 2019]

\_\_\_ AHMB shift (Mark one) [ ] Thursday 17<sup>th</sup> October 2019 [ ] Friday 18<sup>th</sup> of October 2019. Time: \_\_\_\_\_

### AGREEMENT AND SIGNATURE

By submitting this application, I affirm that I will only accept a reimbursement if I attend the AHMB Convention, and the AHMB 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 **6<sup>th</sup> September 2019**.

I certify that the above student is an active member of the AHMB 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 Philadelphia, PA. Please complete the form, scan with signatures and return to the AHMB administration [emb@alphaetamubeta.org](mailto:emb@alphaetamubeta.org). Upon approval of the award, please save all receipts and submit an expense report for reimbursement.