

2017 Diabetes and Diabetic Uropathy Symposium  
Travel Award Application | Deadline: September 13, 2017

The AUA Office of Research and Duke Urology are offering travel funds to subsidize a portion of meeting registration, travel and lodging costs associated with attendance to the 2017 Diabetes and Diabetic Uropathy Conference on October 8–9, 2017 at AUA Headquarters in Linthicum, MD. Thanks to the support of an NIH R13 grant, we are now able to accept applications.

**ELIGIBILITY.** The applicant must be a student, trainee or early-career investigator within ten (10) years of completing residency or doctoral training. Travel award recipients will receive travel support up to \$1000 per person, to cover the costs to attend the meeting, including economy airfare, parking, ground transportation, meeting registration, and lodging. Duke Urology will manage the travel booking for all awardees, and awardees must follow Duke's official travel guidelines. All travel awardees will be expected to present a poster of their work during a poster session during the meeting.

**APPLICATION.** To apply for a travel award, please complete the application below and attach a one-page "Statement of Need" detailing how attending the Diabetes and Diabetic Uropathy Symposium will benefit your current research and future career. Save both pages into a single pdf file labeled as "Last Name.First Initial.DiabetesTravel.pdf" (for example: "Smith.A.DiabetesTravel.pdf") and e-mail it to [jgumminger@auanet.org](mailto:jgumminger@auanet.org). **The deadline to apply is Wednesday, September 13, 2017.**

**REVIEW PROCESS.** A panel of reviewers will evaluate the merit of each application and the AUA Research Chair and Director of Research will make the final funding decisions. Duke Urology will manage the travel bookings in accordance with their policies. All applicants will be notified of a decision and will be given instructions on how to book their travel through Duke, no later than Friday, September 15, 2017.

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**Last name:** \_\_\_\_\_ **First name:** \_\_\_\_\_ **Middle initial:** \_\_\_\_\_

**Institution:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State/province:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Degree(s):** \_\_\_\_\_  
MD    PhD    DVM    MS/MSc    MPH    Other    Year completed residency or postdoc training

**Position/title:** \_\_\_\_\_  
Faculty    Postdoc/Fellow    Resident    Graduate/Medical Student    Other

**Primary institution:** \_\_\_\_\_  
Academic    Industry    Government    Non-profit    Private Practice    Other

**Race/ethnicity:** \_\_\_\_\_ American Indian or Alaskan Native  
\_\_\_\_\_ Asian or Pacific Islander  
\_\_\_\_\_ Black or African American  
\_\_\_\_\_ Hispanic or Latino  
\_\_\_\_\_ White/Caucasian  
\_\_\_\_\_ Prefer not to answer  
\_\_\_\_\_ Other: \_\_\_\_\_

**Gender:** \_\_\_\_\_ Male  
\_\_\_\_\_ Female  
\_\_\_\_\_ Prefer not to answer

**Anticipated Budget:**

\_\_\_\_\_ Meeting registration    \_\_\_\_\_ Air travel    \_\_\_\_\_ Lodging    \_\_\_\_\_ Ground transportation    \_\_\_\_\_ Poster expenses