



NABP Annual Meeting Travel Grant Application

Thank you for applying to the NABP Annual Meeting Travel Grant Program. To be considered for the grant, please complete this application and send it to NABP Headquarters by **December 31, 2004**. When sending the application form be sure to attach documentation from your state that travel funds to NABP's Annual Meeting will not be reimbursed. The Travel Grant Program will reimburse travel expenses (according to NABP's travel reimbursement policies) **up to \$750** for each member board's voting delegate. Grant monies do not include Annual Meeting registration fees. NABP's travel grant program is available for the boards to utilize through a grant courtesy of Pfizer US Pharmaceuticals.

_____ Date

Name and Title of Voting Delegate Requesting Funds:

Name _____ Title _____

Official Name of Board of Pharmacy Applying _____

Executive Director (please print) _____

Executive Director (signature) _____

Contact Person/Title
(if different from Executive Director) _____

Return completed form and board per diem or travel policy to:

NABP Foundation
Attn: Annual Meeting Travel Grant Program
700 Busse Hwy
Park Ridge, IL 60068

FOR INTERNAL USE ONLY	
Date received	_____
Grant approved	_____ denied _____
Total grant amount provided	\$ _____
Per diem enclosed:	Yes _____ No _____
Project Coordinator	_____
Associate Executive Director	_____
Executive Director/Secretary	_____
Comments:	_____
