

2019 AATK Professional Development Awards

The 24th AATK Annual Conference and Professional Development Workshop

Application Form

Name _____

Affiliation _____

Department _____

Courses Taught _____

Name of Supervisor _____
(if applicable)

Address _____

E-mail _____

Phone _____

Travel Expenses

Item	Amount	Notes
Airfare		
Ground Transportation (e.g., train, bus, taxi, car rental, parking fees)		
Accommodation (the AATK subsidized lodging option only)		
Conference Fee		
Total Amount Requested	\$ _____	
If you are receiving other financial support from your institution or outside funds, please specify.	Source of funds: Amount (approximated):	

- How would you share your knowledge and experience obtained at the meeting with your colleagues? (Use a separate sheet if needed)

- What are your academic and/or professional goals and plans?
(Use a separate sheet if needed)