

**CENTER FOR VIROLOGY TRAVEL GRANT APPLICATION**

|  |  |
| --- | --- |
| **Applicant’s Name:** |   |
| **Lab PI:** |   |
| **Name of Meeting:** |  |
| **Dates of Meeting:** |   |
| **Location of Meeting:** |  |
|  |   |
| **Short description of conference and relevance to virology:** |  |

**Please email this application, along with a brief letter of support from your PI and a copy of your abstract, to the Director of the Center for Virology, Micah Luftig,** **micah.luftig@duke.edu** **with cc to Christy Krupa,** **christine.krupa@duke.edu****.**