

**VIRAL ONCOLOGY TRAVEL GRANT APPLICATION**

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| **Applicant’s Name:** |   |
| **Lab PI:** |   |
| **Discretionary code to transfer funds to:** |  |
|  |  |
| **Name of Meeting:** |  |
| **Dates of Meeting:** |   |
| **Location of Meeting:** |  |
|  |   |
| **Short description of conference and relevance to viral oncology:** |  |

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