

RADIOLOGY RESIDENT
MEETING REQUEST FORM

Please return to:

Residency Program Coordinator: Susan Rose (rosesusann@uams.edu),
Radiology Office Manager, Debra Gentry (gentrydebras@uams.edu)
or one of the Chief Residents, Dr. Whit Goodwin or Dr. Ralph Panek

Name:

Name of Meeting or course:

Meeting dates:

Rotation:

Please check one:

- Board review
- Free major meeting
Please select one:
- Presenting
Please select one:
- This is an exception to the \$1000 yr/limit.

APPROVED BY PROGRAM DIRECTOR'S OFFICE _____

REMINDER: Expenses will be reimbursed up to \$1000/yr. for professional meetings if and only if this form has been completed and approved by the Program Director's office prior to travel.

EXCEPTIONS TO THE \$1,000/YR. REIMBURSEMENT LIMIT MAY OCCASIONALLY BE GRANTED BY THE RADIOLOGY DEPARTMENT EXECUTIVE COMMITTEE. IF YOU WANT TO APPLY FOR AN EXCEPTION, PLEASE FILL OUT THIS FORM AND CONTACT DR. KLEIN PERSONALLY TO PRESENT YOUR REQUEST TO THE EXECUTIVE COMMITTEE.