

RADIOLOGY RESIDENT
MEETING REQUEST FORM

Name:

Name of Meeting or course:

Meeting dates:

Rotation:

Please check one:

- Board review (1 time only - \$2,000.00)
- Free major meeting (1 time only - \$1500.00)
- Presenting (once per year - \$1200.00)

PLEASE GET PRIOR APPROVAL FROM (1) CHIEF RESIDENT FIRST AND THEN
(2) PROGRAM DIRECTOR'S OFFICE.

APPROVED BY CHIEF RESIDENT: _____

APPROVED BY PROGRAM DIRECTOR'S OFFICE: _____

*REMINDER: Expenses will be reimbursed up to \$1200/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 \$1,200/YR. REIMBURSEMENT LIMIT MAY OCCASIONALLY BE GRANTED BY THE RADIOLOGY DEPARTMENT EXECUTIVE COMMITTEE. IF YOU WANT TO APPLY FOR AN EXCEPTION, PLEASE CONTACT DR. BUCHMANN PERSONALLY TO PRESENT YOUR REQUEST TO THE EXECUTIVE COMMITTEE.

Please return to: Radiology Office Manager, Debra Gentry