IATA Research Grant Application

Name: _____

Position: _____

Nature of Position: □ Full Time Staff □ Part-Time Staff □ Graduate Assistant

Yrs. In Position: ____ NATA Member #: _____ IATA Member #:_____

Work Address: _____

_____

_____

Work Phone #: _____ Home Phone #:_____

Fax: _____ E-mail:_____

Have you ever published or received research funding? Yes No

Proposed Project Title: _____

****** Please Attach a one page description of your project.***

Itemized Expenses (Max $250.00):

ITEM:	COST:
ITEM:	COST:
ITEM:	COST:
ITEM:	COST:
ITEM:	COST:

If you are awarded research monies, your signature below indicates that you agree to submit an abstract for possible publication in the Journal of the IATA and you will prepare a poster presentation for the annual IATA state meeting or make yourself available to be a table talk presenter at the IATA state meeting.

_____ _____

Applicant Signature **Date**

Print this form, then fill it out and mail it to your regional representative.