Fall 2015 Midwest Dynamical Systems Seminar
Participant Information

Name: _____

Email: _____

Address: _____

_____

Affiliation: _____

I have _____ I do **NOT** have _____ other Federal support

Hotel Name _____

Single room _____ Shared room with _____

If single room, amount _____ If shared room, amount _____ *

*When checking out, each individual **must** pay half of hotel amount and **must** present receipt for their share of the reimbursement.*

Airline Name _____

Cost _____

Other Transportation _____

Cost _____

Parking Cost _____

Auto Departure Address:

_____

_____

Miscellaneous _____

_____

US CITIZEN/PERM RESIDENT _____ or **NON-US CITIZEN/PERM RESIDENT** _____ *

***Must provide copies of VISA, I-94, Passport & completed Tax Cover Sheet with required documents.*

ORIGINAL RECEIPTS MUST BE SUBMITTED IN ORDER TO BE REIMBURSED FOR TRAVEL AND LIVING EXPENSES. MEALS ARE PAID ON A PER DIEM BASIS. DO NOT SEND MEAL RECEIPTS.

SUBMIT FORMS TO: Patti Holt
IUPUI Mathematical Sciences
402 N. Blackford, LD 270
Indianapolis, IN 46202
(317) 274-6920
pholt@iupui.edu

DEADLINE FOR REIMBURSEMENT

November 21, 2015