



FUNDING REQUEST FOR TRAVEL SUPPORT - 2010 MSDA Medicaid Symposium

Name _____ Phone _____
 Agency _____ Fax _____
 Title: _____ Email _____
 Address _____ City/State/Zip _____

Please check all that apply:

- Meeting/Conference: 2010 MSDA Medicaid Symposium April 24-25th
 2010 National Oral Health Conference; April 26th
 2010 ASTDD National Oral Health Leadership Institute April 24th

Location: St. Louis, Missouri
 Symposium/Conference Dates: April 24-25th, 2010 and April 26th-28th

Arrival Date: _____ Departure Date: _____

Number of nights/lodging: _____ (Maximum 3 Member/4 Board Member)

- MSDA Member MSDA Associate Member MSDA Board Member

Anticipated Expenses:

	Check Box or Enter Estimated Total Dollar Amount
Registration	<input type="checkbox"/> Saturday \$35.00 <input type="checkbox"/> Sunday \$ 100.00 <input type="checkbox"/> Medicaid/SCHIP Track \$270.00 (Sat/Sun/Mon)
Transportation	\$0.00
Hotel \$111.00/night +17% tax	\$0.00
Meals	\$0.00
Total	\$00.00 (Not to exceed \$900.00/Member & \$1,100.00/Board Member)

Note: If approved, you will need to complete a travel reimbursement form after the meeting, attach original receipts and send to Mary Foley at the Central Office, 2 Grove Street, Sandwich, MA 02563