

Collaborative Travel Awards – APPLICATION 2018**Proponent**

First name	Last name
E-mail	Affiliation <input type="checkbox"/> KI <input type="checkbox"/> Mayo

Host

First name	Last name
E-mail	Affiliation <input type="checkbox"/> KI <input type="checkbox"/> Mayo

Other traveller

First name	Last name
E-mail	Affiliation <input type="checkbox"/> KI <input type="checkbox"/> Mayo

Temporary research professional appointment necessary (KI travelers to Mayo Clinic)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Project title

Have you previously received a Mayo-KI Grant for the same project? If yes, in the year of:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Annexes

See announcement for more details.

Mandatory:

- 1 page endorsement letter from the proposed host
- 1 page brief biosketch for each proposed traveler



EDUCATION, RESEARCH & INNOVATION **PLATFORM**

Brief description of proposed travel and goals of interaction.