



*Conference for Food Protection*  
**REQUEST FOR TRAVEL SUBSIDY**  
**BIENNIAL MEETING – April 16-20 2018**

1. State/County/Department/Organization requesting funding:

\_\_\_\_\_

2. Name & position of person requesting funding:

\_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

3. Do you have a food program and develop policy regarding retail food?  
Y \_\_\_ N \_\_\_

4. Are you a member of the Conference for Food Protection? Y \_\_\_ N \_\_\_

5. Please check your status regarding the 2018 biennial meeting:

Council Member    State Delegate/Alternate    Committee Member

Name Committee(s) \_\_\_\_\_

6. Have you been given approval to attend the 2018 Biennial Meeting?  
Y \_\_\_ N \_\_\_

7. Each award will be approximately \$800. Are you in a position to take a reduced stipend to allow others an increase? Y \_\_\_ N \_\_\_  
If yes, please indicate the amount requested. \$ \_\_\_\_\_

8. Justification for request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: By completing this application I affirm that funds will be used only for travel and/or hotel accommodation associated with the 2018 biennial meeting.