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| --- |
| **Pocantico Center Applicant Information***Please submit finished application to* *orderpoc@rbf.org**.*  |
|   |   |  |
|   |   |   |
|   | Institution/Organization |   |
|   |  |   |
|   | Address |   |
|   |  |   |
|   | City |   |
|   |  |   |
|   | State |   |
|   |  |   |
|   | Postal Code |   |
|   |  |   |
|   | Country |   |
|   |  |   |
|   | Website |   |
|  |  |   |
|   | Phone Number |   |
|   | Please use the following format: xxx-xxx-xxxx |   |
|   |  |   |
|   | Fax |   |
|   | Please use the following format: xxx-xxx-xxxx |   |
|   |  |   |
| Applicant Information |
|   | Primary Contact |
|   |
|   |   |  |
|   |   |   |
|   | Prefix |   |
|   | Mr., Ms., Dr., etc. |   |
|   |  |   |
|   | First Name |   |
|   |  |   |
|   | Last Name |   |
|   |  |   |
|   | Suffix |   |
|   | Jr., Sr., Ph.D., etc. |   |
|   |  |   |
|   | Title |   |
|   |  |   |
|   | Phone Number |   |
|   | Please use the following format: xxx-xxx-xxxx |   |
|   |  |   |
|   | Extension |   |
|   |  |   |
|   | Fax |   |
|   | Please use the following format: xxx-xxx-xxxx |   |
|   |  |   |
|   | E-mail address |   |
|   |  |   |
|   | Secondary Applicant |
|   |
|   | If this event is being co-organized, please complete the information about the secondary applicant below. |   |
|   |   |   |
|   | Institution/Organization |   |
|   |  |   |
|   | Address |   |
|   |  |   |
|   | City |   |
|   |  |   |
|   | State |   |
|   |  |   |
|   | Postal Code |   |
|   |  |   |
|   | Country |   |
|   |  |   |
|   | Web Site |   |
|   |  |   |
|   | Prefix |   |
|   | Mr., Ms., Dr., etc. |   |
|   |  |   |
|   | First Name |   |
|   |   |   |
|   | Last Name |   |
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|   | Suffix |   |
|   | Jr., Sr., Ph.D., etc. |   |
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|   | Phone Number |   |
|   | Please use the following format: xxx-xxx-xxxx |   |
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|   | Fax |   |
|   | Please use the following format: xxx-xxx-xxxx |   |
|   |  |   |
|   | E-mail address |   |
|   |  |   |
| Conference Information |
|   | Title of Conference |   |
|   |  |   |
|   | Preferred dates of conference |
|   |
|   |   |  |
|   |   |   |
|   | First preference |   |
|   |   |   |
|   | from: |   |
|   |  |   |
|   | to: |   |
|   |  |   |
|   | Second preference |   |
|   |   |   |
|   | from: |   |
|   |  |   |
|   | to: |   |
|   |  |   |
|   | Broadest range of dates for which you could be considered |   |
|   |   |   |
|   | from: |   |
|   |  |   |
|   | to: |   |
|   |  |   |
|   | Expected number of participants |
|   |
|   |   |  |
|   |   |   |
|   | Conferees |   |
|   |  |   |
|   | Staff |   |
|   |  |   |
|   | Total |   |
|   | maximum 30 |   |
|   |  |   |
|   | Funding Sources (be specific if more than one source) [Read about the different financial arrangements](http://rbf.org/content/eligibility-guidelines-and-application#financial) |   |
|   |  |   |
|   | Please type YES to acknowledge that you have read and agree that professional conduct of attendees is expected at all times. |   |
|   |  |   |
|   | Do you expect to publish a paper as a result of this meeting? |   |
|   | By typing "Yes," you agree to include our disclaimer in any such publication. [Read our disclaimer](http://rbf.org/content/eligibility-guidelines-and-application#disclaimer) for more information. |   |
|   |  |   |
|   | Will this meeting require any special needs? |   |
|   |  |   |
|   | If other, please explain |   |
|   |  |   |
| Additional Information |
|   | Summary of meeting scope, including goals and objectives. Discuss how this meeting relates to the mission statement of the Rockefeller Brothers Fund's Pocantico Center. |   |
|   |  |   |
|   | Statement of added value of holding meeting at The Pocantico Center. |   |
|   |  |   |
|   | How does your organization address diversity concerns in its work? |   |
|   |  |   |
|   | Tentative list of participants |   |
|   |  |   |
|   | Tentative Agenda |   |
|   |  |   |
|   | Approximate time of arrival on first day |   |
|   |  |   |
|   | Approximate time of departure on last day |   |
|   |  |   |
|   | Name and curricula vitae or bio of individual primarily responsible for meeting organization and logistics |   |
|   |  |   |
|   | Additional information |   |
|   |  |   |

 |

*For internal use only*

MEMORANDUM

DATE

To: Betsy Campbell

From: Judy Clark

Subject: Conference Application

**Primary Applicant:**

 Date:

 No. Participants

 Conference & Lodging Fees: $

 Meals: $

 **TOTAL DIRECT COSTS:** $

 Request for RBF Funding: Yes

Previous Meetings: \_\_\_\_\_\_

Previous Funding: \_\_\_\_\_\_

**STAFF RECOMMENDATION**: (Please approve and/or make changes and return signed copy to me.)

**Request:** **Funding for on-site costs, if requested / Budget:**

Approve: \_\_\_\_\_\_\_\_\_ Yes, with Full Funding ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (budget)

**COMMENTS:**

**Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**