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| |  |  |  | | --- | --- | --- | | **Pocantico Center Applicant Information**  *Please submit finished application to* [*orderpoc@rbf.org*](mailto: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 |  | |  |  |  | |  | Suffix |  | |  | Jr., Sr., Ph.D., etc. |  | |  |  |  | |  | Title |  | |  |  |  | |  | Phone Number |  | |  | Please use the following format: xxx-xxx-xxxx |  | |  |  |  | |  | 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**