



**CIBMTR CLINICAL RESEARCH PROFESSIONALS  
GRANT APPLICATION  
2025 Tandem Meetings**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Department: \_\_\_\_\_ CIBMTR Center #: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Have you previously received a travel grant(s) from the CIBMTR to attend the Clinical Research Professionals/Data Management Conference held during the Tandem Meetings?**

No Yes, if yes provide date(s): \_\_\_\_\_

**Please indicate type of grant you are applying for:**

**US Center: In-person (up to \$750) Digital Access (\$150)**

**Non-US Center: In-person (up to \$750) Digital Access (\$150)**

**Reason requesting grant:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Please return completed application form to CIBMTR by email  
([CIBMTR\\_DMGrants@mcw.edu](mailto:CIBMTR_DMGrants@mcw.edu)) no later than Friday, October 18, 2024.***