



# ALUMNI ASSOCIATION

SCHOOL OF MEDICINE OF LOMA LINDA UNIVERSITY

## Medical Student Financial Assistance for Research Poster Printing

### Student Information (please print)

Name and Year \_\_\_\_\_

ID# \_\_\_\_\_

Address \_\_\_\_\_

Cell # \_\_\_\_\_

Email \_\_\_\_\_

### Poster Information

Name and Location of Scientific Conference \_\_\_\_\_

Date of Poster Presentation \_\_\_\_\_

Title of Poster \_\_\_\_\_

Dimensions of Poster \_\_\_\_\_

Amount of Poster Printing \$ \_\_\_\_\_

Please attach the **original receipt** to this form. *The Alumni Association will reimburse up to \$100 for poster printing, depending on the size of the poster, for up to two posters/year. Reimbursement is based on LLU Health Geoinformatics Section charges for printing a similar size poster. You will receive an email when the check is ready to be picked up at the Alumni Association office, 11245 Anderson St., Ste. 200, Loma Linda, CA.*

Please send a **PDF file of the poster** to [cwieder@llu.edu](mailto:cwieder@llu.edu), or attach a printed copy to this application.

Is any of the cost of the poster printing funded by a department, and how much? \_\_\_\_\_

Will you be presenting more than one poster? \_\_\_\_\_

Signature

Date