



# UVA Children's Hospital Quality & Safety Travel Award

**Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Unit (if applicable):** \_\_\_\_\_

**Name of Conference:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Award Amount Request:** \_\_\_\_\_

**Abstract Title:** \_\_\_\_\_

**How will this conference benefit you and/or the Children's Hospital?**

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\_\_\_\_\_  
Signature

Please attach a copy of the abstract(s) that will be presented and send completed application form to: Jonathan Swanson (Box 800386) or [jswanson@virginia.edu](mailto:jswanson@virginia.edu).