

**Scleral Lens Education Society
Request for Funding**

Fellows of the Scleral Lens Education Society may request funding up to two times per year, not to exceed a total of \$1,200 per event, when representing the SLS as a lecturer, moderator, booth attendant or other related activities. Please complete this form and submit to scleralsociety@gmail.com with the subject line "Request for Funding".

| Requester Information | |
|---|---|
| First Name: | Last Name: |
| Titles: | Phone number: |
| Address: | Email: |
| City/State: | |
| Zip Code: | |
| Event Details | |
| Name of Event: | |
| Date(s) of Event: | |
| Location of Event: | |
| Name of Session/Lecture: | |
| Length of Lecture/Session/Workshop: | |
| COPE ID: | |
| Role at Event: <input type="checkbox"/> Speaker <input type="checkbox"/> Organizer <input type="checkbox"/> Moderator <input type="checkbox"/> Booth Attendant <input type="checkbox"/> Workshop Leader | |
| Estimated Costs | |
| Total Cost of Attending Event: \$ | |
| Other Source of Funding: | Amount Funded: \$ |
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| Amount Requested: | SSN/EIN*: |
| <small>*Provide SSN/EIN if requested amount is over \$600.00. A 1099 MISC will be issued at the end of the calendar year.</small> | |
| Previously applied for Funding? <input type="checkbox"/> No | <input type="checkbox"/> Yes, Event name: _____ |
| <u>Please attach invitation letters or other supporting documents for review and a signed W-9.</u> | Date: _____ |
| | Amount funded: \$ |

Requester's Signature

Date

Requester's Printed Name

Approver's Signature

Date