



**ME/CFS
Advocacy Day
Travel Award
Application**



Date Submitted:

Date Registered for ME/CFS Advocacy Day:

NAME:

Current Occupation:

Your Relationship to ME/CFS:

Person or organization representing (if any):

MAILING ADDRESS

(Street, city, state, postal code, country):

MAILING ADDRESS

(Street, city, state, postal code, country):

Your members of Congress:

Senator:

Senator:

Representative:

Please describe any previous contact or advocacy:

Members of Congress for the person or organization representing:

Senator:

Senator:

Representative:

Please describe any previous contact or advocacy:

DATES OF PROPOSED TRAVEL (MM/DD/YYYY)

From:

Through:

PROPOSED TOTAL BUDGET:

(Attach budget details to application)

Travel Award Amount Requested:

SEND CHECKS TO THE ATTENTION OF:

Name:

Title:

Address:

Tel:

Email:

APPLICANT ASSURANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I affirm that without this award it would be too difficult if not impossible for me to participate in ME/CFS Advocacy Day on May 15th in Washington DC.

SIGNATURE OF APPLICANT
(IN ink. "Per" signature not acceptable)

DATE:

Briefly, outline your qualifications for this travel award. How will you help advocate for ME/CFS?

Briefly, tell us your ME/CFS story.