

American Mosquito Control Association Research Fund 2019 Full Research Proposal Cover Page

PRINCIPLE INVESTIGATOR	
LAST NAME, FIRST NAME	POSITION, AFFILIATION
Telephone: (____) ____ - _____, x____	E-mail:
Mailing Address:	
City/State/Zip:	

PROJECT TITLE

FUNDS REQUESTED (1 YEAR)	\$
PROJECT DURATION (# YEARS)	

All AMCARF awardees <u>must</u> attend and present their research at the 2020 AMCA Annual Meeting. How do you plan to fund this? Check all that apply; i.e., more than one source is OK.	
<input type="checkbox"/>	I will be separately funded by my organization to travel to and register for the AMCA Annual Meeting
<input type="checkbox"/>	I anticipate vendor/industry support to travel to and register for the AMCA Annual Meeting
<input type="checkbox"/>	I need funding from AMCARF to travel to and register for the AMCA Annual Meeting; will specify in budget

COLLABORATORS	
LAST NAME, FIRST NAME	POSITION, AFFILIATION

PROJECT SUMMARY (~200 words):

Principal Investigator Date
(Signature)

Organizational Representative Date
(Signature)