# University of North Texas

**Risk Management and Insurance Program Student Travel Sponsorship Application**

**2023 Annual Conference**

**Dates: September 28, 2023 to September 29, 2023**

**Baltimore, MD**

**Information on Gamma Iota Sigma Annual Conference can be found** [**here**](https://www.gammaiotasigma.org/annual-conference)**.**

Travel sponsorship includes:

* Conference and event registration fees.
* Transportation cost of (1) roundtrip airplane ticket, bus ticket, or mileage reimbursement directly to and from conference or event.
* Lodging including taxes and fees (excluding room service, in-room entertainment, mini-bar items, in-room snacks, and dry cleaning) specific to the dates of the conference or event.
* You will be reimbursed after the conclusion of overnight trips for maximum U.S General Services Administration per diem rate per day based on the travel and conference/event itinerary to cover other expenses not mentioned above.
	+ **Reimbursement will be provided after the LinkedIn requirements are met.**
	+ Per diem reimbursement details to note:
		- The daily per diem rates will be adjusted based on the meals included in the conference/event registration fees.
		- Fees associated with parking, taxis, shuttles, and any other expenses will **not** be individually reimbursed beyond the per diem rate.
		- You are encouraged to check the per diem rate for the city and state for each day of the itinerary and take that rate into consideration (minus meals that are already included for that date with the conference fees) when paying out of pocket for any parking, taxis, meals, etc.
		- You will **not** submit receipts for this trip to be reimbursed for expenses above and beyond conference/event registration fees, airfare, lodging per the definitions noted in this sponsorship agreement.
* Per Diem rates:
	+ U.S General Services Administration Per Diem Rates: [https://www.gsa.gov/travel/plan-](https://www.gsa.gov/travel/plan-book/per-diem-rates) [book/per-diem-rates](https://www.gsa.gov/travel/plan-book/per-diem-rates)

Name Street Address City, State, Zip UNT Email: Personal Email:

Phone Number (cellular): Alt Phone Number

UNT Student ID (ex: 1111111) UNT EUID (ex: abc123) Are you currently employed by UNT? Yes No

Major Minor RMI Certificate? Y N

Place an “X” by the RMIN courses that you have completed (or currently enrolled):

 RMIN 2500 RMIN 3100 RMIN 4300 RMIN 4310 RMIN 4600

Other RMIN courses you have completed (or currently enrolled)

Expected graduation date: Month Year

**Gamma Iota Sigma (GIS) Member? Yes No**

GPA

Briefly state your career goals:

Why should you be chosen to receive RMI program travel sponsorship?

Do you require special accommodations?

Please list ALL food allergies:

Are you required to carry an EpiPen due to allergic reactions? Yes No

Please list ALL medical allergies:

What medications are you currently taking including dosage and instructions? Please list **all** current over the counter and prescription medications. This information will only be shared with medical professionals in the event of a medical emergency.

**Please attach: (1) Current resume and (2) Copy of current driver’s license or state issued identification**

**(3) Copy of health insurance card.**

**University of North Texas Risk Management and Insurance Program Student Travel Sponsorship**

**Agreement and Acknowledgements**

1. Students must agree to attend events required of them while at the conference and/or event. The event agenda will be shared before travel to avoid miscommunications while at the conference, meeting, or event.
	1. NOTE: this may include facility or location-specific COVID-related requirements.
2. Students must agree to create a LinkedIn post after the conference or event on their personal LinkedIn page and tag the UNT Risk Management and Insurance LinkedIn page to recap their educational experience during the conference, meeting, or event.
3. Students must agree to submit all expenses (if asked to do so) promptly immediately upon completing the event or trip.
4. Students must agree to act professionally while attending the conference and event, as they will be representing the UNT RMI department.
5. Students must read all dress code requirements for the conference or event and adhere to all dress code requirements. If dress code requirements cannot be met due to financial reasons, please reach out to RMI faculty, staff, or program coordinator to discuss.

**Please acknowledge with your initials and provide your signature stating that you agree to the following stipulations regarding non-compliance of stated policies and procedures:**

**Please initial below:**

 I understand that failure to comply with the policies and procedures outlined in this document may result in restriction from further Risk Management and Insurance Program travel sponsorship opportunities.

 I understand that failure to travel as planned according to the itinerary and event schedule provided to me through the program sponsorship may result in restriction from further Risk Management and Insurance Program travel sponsorship opportunities.

 I understand that failure to promptly communicate changes in proposed travel to the UNT faculty or staff chaperone may result in restriction from further Risk Management and Insurance Program travel sponsorship opportunities.

 I understand that I **must** download Microsoft Teams on my phone and communicate with travel coordinator, Clarissa Hutkowski in a timely manner when asked. Communication on the trip will be mostly on Teams.

 I understand that exhibiting inappropriate and unprofessional behavior while representing UNT at sponsored events may result in restriction from further Risk Management and Insurance Program travel sponsorship opportunities.

**Signed (Full Legal Name): Date of signature:**

# State Issued Identification Section:

Name **exactly** as it appears on your driver’s license:

Driver’s license or ID number: State of issuance: Expiration date of ID: Will you be over the age of 21 during the dates of conference travel? Yes No

*Please attach a copy of your driver’s license or state issued ID to this application*

*Note: Your name as it appears on your ID MUST match your transportation tickets (airline, bus, train, etc.)*

# Emergency Contact #1 Information:

Name: Relationship: Phone number: Email address:

**May we reach out directly to this person in the event of an emergency? Yes No**

# Emergency Contact #2 Information:

Name: Relationship: Phone number: Email address:

**May we reach out directly to this person in the event of an emergency? Yes No**

**Health Insurance Information:**

Name of provider (example, BCBS, United, Aetna): Name of primary insured (who pays for the health insurance): Primary insured’s employer Policy number: Group number: Phone number on health insurance card:

\*Attach photos, front and back, of your insurance card