



**Bohring-Opitz Syndrome Foundation, Inc.  
Patient Travel Stipend Agreement**

Each year, the Bohring-Opitz Syndrome Foundation, Inc. (“BOS Foundation”) holds a conference or “meet up” in a large city. Meet-ups serve to build relationships, provide support, and facilitate information sharing.

The BOS Foundation seeks to enable the greatest number of families to attend meet-ups. Therefore beginning in 2018, it offers stipends in sums ranging from \$250 to \$500 to families otherwise unable to afford hotel, airline, or other travel costs.

If you would like to attend the 2018 meet-up, and require financial assistance to do so, please indicate your purpose for the stipend as well as how much you are seeking:

---

---

---

---

Airline \$ \_\_\_\_\_ Hotel \$ \_\_\_\_\_ Other \$ \_\_\_\_\_ (Please explain \_\_\_\_\_)

**Conditions of Acceptance**

If you are awarded a travel stipend, you agree to the following conditions:

1. You will attend the entire meet-up on July 28, from 12:00-4:00pm
2. You will use the stipend for travel-related expenses.
3. You will complete a post-event survey if asked to do so.
4. You will share your experiences (photographs, video, and social media posts) with the BOS Foundation if asked to do so.
5. You will contact [taylor@bos-foundation.org](mailto:taylor@bos-foundation.org) as soon as possible if you are unable to attend the event.

Stipends will be disbursed at the Third Annual BOS Meet-Up welcome table.

The deadline for Stipend Forms will be May 20, 2018. Each Stipend Form will be reviewed by the BOS Foundation’s Board of Directors to determine eligibility. Applicants will be notified by May 30, 2018 on the decision that was made by the BOSF Board. Applicants must accept the stipend via email no later than June 15, 2018. Please direct questions regarding the stipend to [taylor@bos-foundation.org](mailto:taylor@bos-foundation.org)

**I have read and understand the requirements and conditions for travel stipends set forth above.**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**BOS Patient’s Name**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Email Address**

Completed forms must be signed and returned via email to [info@bos-foundation.org](mailto:info@bos-foundation.org) by May 20, 2018.