Name: ________________________________
Remittance Address: ________________________________

City: ___________ State: ______ Zip: _______ Country: _______

Amount of Award: US$ ______________
Expense Detail:

Airfare/Transportation $ __________
Housing $ __________
Parking $ __________
Meals $ __________
Other $ __________

Total Expenses US$ ______________

REIMBURSEMENT REQUESTED US$ ______________

Please attach original receipts for any expenses that you claim. Expense forms should be sent to AAAI by September 30, 2005.

Mail to:
AAAI-05 Scholarship Fund
AAAI
445 Burgess Drive
Menlo Park, CA 94025