

Conference Attendance Approval Request (CAAR)

DATE OF REQUEST: 8/25/09

[date this form is prepared]

TRAVELER: John Smith, Scientist Main Injector Department, Accelerator Division

[Name, Title, Department, Division/Section (spell out)]

CONFERENCE TITLE: 10th International Computational Accelerator Physics Conference (ICAP09)

<https://outreach.scidac.gov/icap09/>

[spell out formal title of conference and provide URL, if available]

SPONSORING ORGANIZATION(S): Lawrence Berkeley National Laboratory; <http://www.lbl.gov/>

Stanford Linear Accelerator Center; <http://www.slac.stanford.edu/>

[spell out title of DOE, DOE contractor organization or non-DOE entity sponsoring or cosponsoring the conference: include sponsor(s) URL/email contact(s) if available]

CONFERENCE DATE(S): Aug. 31 – Sep. 4, 2009

[official date(s) of the conference]

CONFERENCE LOCATION: San Francisco, California

[country (if foreign), city, state] (spell out)]

PURPOSE AND OBJECTIVE(S): SPEAKER - The title of my talk is: "Self-consistent simulations of slow resonant extraction under strong space-charge forces for the mu-to-e experiment." The purpose of the conference is to exchange results and ideas on the use of computational techniques to understand particle accelerator physics. As a speaker, I will present results from my work at Fermilab, and I will attend sessions to learn from other people's results which may be applicable to my investigations.

[spell out traveler's role, e.g. SPEAKER, ORGANIZER, SESSION CHAIR, ATTENDEE, POSTER PRESENTER, etc in CAPs; then describe the purpose of the conference and justify the traveler's role in the conference] **TITLE OF PAPER IS REQUIRED FOR ALL CAAR'S. For Foreign Conferences the title must be in Section III, Line 36 in FTMS.**

ESTIMATED COSTS: DOE EXPENSES ONLY

TRAVEL COSTS: *[includes transportation, lodging, per diem, registration, etc.]*

Fermilab supported attendee: \$ 2950.00

OTHER EXPENSES: *[if applicable; e.g. special computer support, etc.]*

Other Expenses: \$ 0.00

TOTAL ESTIMATED DOE/FNAL COSTS: \$ 2950.00

IMPACT STATEMENT: If I do not attend this conference, an opportunity would be lost to present our work at Fermilab, and to learn of the progress in this field.

*[provide an impact statement of effect if attendance at the conference is **not** approved]*

ATTACHMENTS: See information at: <https://outreach.scidac.gov/icap09/>

[provide conference URL; if not available, list and provide current conference agenda, attendee list (if available), and any conference related planned activities outside the agenda]

FOR DIRECTORATE and DOE/FSO USE ONLY

Approved by Directorate: _____
Name Date

Approved by DOE/FSO: _____
Name Date