



WOMEN'S DERMATOLOGIC SOCIETY
2010 INTERNATIONAL TRAVEL GRANT PROGRAM APPLICATION
Deadline for Submission is October 1, 2009

1 APPLICANT INFORMATION:

Name:	<input type="text"/>	Telephone:	<input type="text"/>
E-Mail:	<input type="text"/>	Fax:	<input type="text"/>
Address:	<input type="text"/>	Birthdate:	<input type="text"/>
City:	<input type="text"/>		
State (if applicable):	<input type="text"/>		
Country:	<input type="text"/>		
Zip:	<input type="text"/>		

2 ADDITIONAL INFORMATION:

Member of AAD:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Member of WDS:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of AAD Meetings attended in the past five years:	<input type="text"/>	
Type of Practice:	<input type="checkbox"/> Private	<input type="checkbox"/> Academic <input type="checkbox"/> Industry
Do you currently have funding to attend the AAD/WDS Meetings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3 TRAVEL AWARD REQUEST DETAILS:

Reason for requesting the WDS Travel Award (E.G.)

- Financial constraints
- Presentation of a poster at AAD
- Presentation of case report at "Gross and Microscopic" session
- Professional development

List Details Here



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Women's Dermatologic Society
International Travel Award Department

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Alexandria, VA 22314

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