

## American Thyroid Association (ATA) Fellows Clinical and Basic Grant Program Application

The ATA Clinical and Basic Fellows Grant program offers fellows funding assistance to attend and participate in the ATA Annual Meeting. Available funding includes complimentary meeting registration and shared sleeping room accommodations for up to four nights during the annual meeting.

### ELIGIBILITY REQUIREMENTS:

Fellows accepted into the following programs are eligible to apply for the ATA Fellows Grant Program while funds are available on a first-come, first-served basis:

1. Clinical Fellows accepted into the independent 19<sup>th</sup> Endocrine Fellows' Conference (EFC). EFC Program details are available at [www.efcthyrod.org](http://www.efcthyrod.org).
2. U.S. or international basic fellows who are first authors on abstracts accepted for oral or poster presentation at the 82<sup>nd</sup> Annual Meeting of the ATA
3. U.S. or international clinical fellows who are first authors on abstracts accepted for oral or poster presentation at the 82<sup>nd</sup> Annual Meeting of the ATA

### STEPS TO APPLY FOR FELLOWS GRANT FUNDING:

1. Complete & submit this application confirming your interest in receiving a grant to [scano@thyroid.org](mailto:scano@thyroid.org) or via fax 703-998-8893.
2. Apply for ATA Associate membership – funding is only granted to ATA Associate members.
3. Register for the 82<sup>nd</sup> Annual Meeting of the ATA – meeting registration fees will be refunded if grant funding is awarded.
4. Submit a letter from your program director confirming your fellowship status to [scano@thyroid.org](mailto:scano@thyroid.org) (same letter submitted with ATA Associate membership application is acceptable).

### IMPORTANT NOTES:

1. The Deadline to apply for ATA Fellows' Funding is Wednesday, July 11, 2012. Notification of acceptance will be provided on or about 7/25/2012.
2. Grant funding is offered on a first-come/first served basis. Once the program reaches capacity, eligible fellows will be required to support their own meeting registration and hotel costs to participate in the annual meeting.
3. Complimentary sleeping rooms are only offered for shared room accommodations. Partial funding for fellows requesting single rooms will only be considered if space is available after filling shared room requests.
4. No air, train or ground transportation costs are covered through the ATA Fellows Grant Program.

I AM A:  CLINICAL FELLOW  BASIC FELLOW  RESIDENT/ INTERN/GRADUATE STUDENT/ OTHER  
I AM APPLYING FOR:  FREE MEETING REGISTRATION  FREE SHARED SLEEPING ROOM ACCOMMODATIONS UP TO FOUR NIGHTS  BOTH  
DATE OF BIRTH (MM/DD/YYYY): \_\_\_\_\_ FELLOWSHIP START DATE: \_\_\_\_\_ FELLOWSHIP END DATE: \_\_\_\_\_

### 2012 ELIGIBILITY CONFIRMATION:

ACCEPTED INTO 19<sup>th</sup> EFC PROGRAM  ACCEPTED BASIC ABSTRACT FIRST AUTHOR  ACCEPTED CLINICAL ABSTRACT FIRST AUTHOR

*NOTE: Only fellows accepted to the EFC program or first author fellows on accepted abstracts are eligible for grant funding.*

PROGRAM DIRECTOR NAME: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

PREFERRED ADDRESS FOR ATA CORRESPONDENCE:  OFFICE  HOME

### PROFESSIONAL/OFFICE ADDRESS:

NAME: FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

PROFESSIONAL TITLE: \_\_\_\_\_

Professional degrees(s) (please check one):

MD  PhD  MD, PhD  DO  Other \_\_\_\_\_

INSTITUTION NAME (AND DEPARTMENT) \_\_\_\_\_

PROFESSIONAL/OFFICE ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ ZIP CODE + 4 \_\_\_\_\_ COUNTRY - IF OUTSIDE US, INCLUDE COUNTRY/CITY CODE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

WORK E-MAIL ADDRESS: \_\_\_\_\_

### HOME ADDRESS (REQUIRED):

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ ZIP CODE + 4 \_\_\_\_\_ COUNTRY - IF OUTSIDE US, INCLUDE COUNTRY/CITY CODE \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ PERSONAL E-MAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

### HILTON QUEBEC ACCOMMODATIONS:

GENDER (required for shared sleeping room paring):  MALE  FEMALE

HOTEL ROOM ARRIVAL DATE: \_\_\_\_\_ HOTEL ROOM DEPARTURE DATE: \_\_\_\_\_

ROOM TYPE REQUEST:  SHARED ROOM  SINGLE ROOM (only granted if space available after filling shared room requests)

SPECIAL NEEDS/ACCOMMODATIONS: \_\_\_\_\_

PREFERRED ROOMMATE NAME: \_\_\_\_\_ ROOMMATE'S EMAIL ADDRESS: \_\_\_\_\_

*Note: Only fellows eligible for fellows grant funding will be paired together. EFC program participants will be paired with fellows as arranged by EFC coordinators.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**DEADLINE TO APPLY: WEDNESDAY, JULY 11, 2012; QUESTIONS OR TO SUBMIT FORM: SHARLEENE CANO: P: 703-998-8890; F: 703-998-8893; [scano@thyroid.org](mailto:scano@thyroid.org)**