

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 19th Endocrine Fellows' Conference (EFC). EFC Program details are available at www.efcthyrod.org.
2. U.S. or international basic fellows who are first authors on abstracts accepted for oral or poster presentation at the 82nd 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 82nd 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 or via fax 703-998-8893.
2. Apply for ATA Associate membership – funding is only granted to ATA Associate members.
3. Register for the 82nd 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 (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 19th 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: _____

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