



APHRS Congress Travel Grants 2019 Application Form

| | | | |
|-----------------|--|----------------------|--|
| First Name | | Last Name | |
| Gender | | Date of Birth | |
| Nationality | | Country of Residence | |
| Home Address | | | |
| APHRS Member ID | | | |

Which category are you? Tick **ONLY ONE** and indicate your institution at the side. We kindly request you to submit supporting document(s) as well for verification.

| | | |
|--------------------------|--|--|
| <input type="checkbox"/> | Medical Student | |
| <input type="checkbox"/> | Post Doctorate Student | |
| <input type="checkbox"/> | Resident / Fellow in Training | |
| <input type="checkbox"/> | Physician <i>(with no more than 3 years after fellowship)</i> | |
| <input type="checkbox"/> | Allied Professional <i>(Nurse / Cardiac Technologist)</i> | |

Are you an abstract presenter at the APHRS 2019 Bangkok (24-27 October)?

| | |
|--------------------------|---------------------------------|
| <input type="checkbox"/> | Yes. Abstract Reference Number: |
| <input type="checkbox"/> | No |

I confirm that the information given in this form is true, complete and accurate.

Signature: _____

Date: _____