

ASM USA Teachers' Travel Award Application Form

Title: _____

Family Name: _____

Given Names: _____

Company: _____

Department: _____

Address: _____

State: _____ **Post Code:** _____

Telephone: _____

Mobile: _____

Fax: _____

Email: _____

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Application Check List:

Before you submit your application please make sure you have provided the following:

- Application Form
- Curriculum Vitae
- Letter of Recommendation from Head of Department
- Names and emails of two (2) referees
- Brief Synopsis of Applicant's area of interest in Education
- Brief description of why Applicant wants to attend AMScue
- Copy of the submitted abstract for AMScue, OR brief description of what the Applicant is planning to present

I, _____ being a member of The Australian Society for Microbiology Incorporated, herewith apply/nominate for the ASM USA Teachers' Travel Award

I accept that the decision of the Society on this application is final but note that such decision need not prejudice any subsequent application.

Applicant's Signature: _____ **Date:** _____

Please forward application to:

ASM National Office
Email: admin@theasm.com.au

Acknowledgement:

An acknowledgement will be emailed within 5 business days of receiving your application - if this has not been received, please contact the national office manager at the ASM National Office - Tel: 1300 646 423.