

ASM Clinical Microbiology Travel Award

Title: _____

Family Name: _____

Given Names: _____

Company: _____

Department: _____

Address: _____

State: _____ **Post Code:** _____

Telephone: _____

Mobile: _____

Fax: _____

Email: _____

Briefly explain why you are applying/nominating for the ASM Clinical Microbiology Travel Award

ASM Clinical Microbiology Travel Award

Application Check List:

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

- A curriculum vitae
- Be employed part time or full time. (Sessional unlikely to qualify for this award)
- A letter of recommendation from the supervisor of the applicant confirming involvement in and commitment to innovation in diagnostic practices
- The names and addresses (including email addresses) of two (2) referees
- A brief synopsis of the applicants area of interest in diagnostic practices and how attending the meeting will further your career

I, _____ being a member of The Australian Society for Microbiology Incorporated, herewith apply/nominate for the ASM Clinical Microbiology 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:

National Office Manager
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 656 423.