

International Assembly for
PEDIATRIC ANESTHESIA
Safety Knows No Borders

2012 Travel Scholar Application

(Submission Deadline: May 1, 2012)

(Please Print or Type)

Name: _____

Degree(s): MD PhD MBBS Other: _____

Preferred Postal Mailing Address: This is my Home Office address

Professional Address: _____

Date of Birth: ____/____/____ Gender: _____ Nationality: _____
Day Month Year

Current Academic Affiliation: _____

Work Phone :() _____ Home Phone :() _____

FAX :() _____ E-mail: _____

Employer/Address: _____

Are you fluent in English? Written? YES NO Verbal? YES NO

If not, what is your preferred language? _____

In what year did you complete your formal medical education? _____

Additional requirements:

- I. All candidates must provide two (2) confidential letters of references from senior individuals who should describe how you will benefit from the scholarship and fulfill the goals of the program. These may be sent directly to IAPA c/o SPA by post or email to spa@societyhq.com.
- II. All Scholars are expected to submit an abstract for presentation at the IAPA meeting by July 1, 2012.
- III. International Scholars must be able to attend the entire IAPA program and related activities. Scholars are also strongly encouraged to attend the Annual Meeting of the American Society of Anesthesiologists (ASA) immediately following the IAPA meeting in Washington, DC. International Scholars may also benefit by spending time at a major U.S. hospital with a Society for Pediatric Anesthesia (SPA) member as your host, prior to or following the IAPA and ASA meetings
- IV. Travel documents: SPA will provide a letter indicating that you have received a travel scholarship for the IAPA. This can be used to support your visa application. You must be able to secure all necessary passports and visas for the U.S.
- V. Scholars will be expected to submit a report for publication at the conclusion of the travel scholar program describing your experience. This may be done after you return home, but no later than two (2) weeks after the International Assembly of Pediatric Anesthesia concludes.
- VI. Travel awards are limited to \$2,500 (U.S.) per accepted applicant.

Your signature below attests to your agreement to these stipulations.

Signature: _____ Date of Application: _____

Mail all correspondence to:
IAPA Travel Scholarship
c/o Society for Pediatric Anesthesia
2209 Dickens Road
Richmond, Virginia 23230-2005 USA

Are you interested in being hosted by a major U.S. hospital prior to, or following the IAPA meeting? Yes No

How did you hear of this opportunity?

SPA member Other Society member Society name: _____

Newsletter Industry (Name of Company) _____

If you have any questions, please call (804) 282-9780 or Fax (804) 282-0090 or Email: spa@societyhq.com

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