# RESIDENT/FELLOW/NURSE/AFFILIATED MEDICAL PERSONNEL SCHOLARSHIP APPLICATION

## AsianAmerican MultiSpecialty Summit IV - Laparoscopy & Minimally Invasive Surgery
## February 10-13, 2010 - Honolulu, Hawaii, USA

**1. APPLICANT INFORMATION.** **Fill out the form completely. Incomplete forms will be returned unprocessed. Please use one form per person; make photocopies for additional people.**

First Name | MI | Last Name

Name for Badge

Degree

Specialty: ❑ General Surgery ❑ Urology ❑ Gynecology ❑ Other

Company/Organization

Address

P.O. Box, Apt #, Suite, Mail Stop, etc. (if applicable)

City | State/Province | Zip / Postal Code

Country | E-Mail

Telephone Number (include area code) (if outside US include city code)

Fax Number (include area code) (if outside US include city code)

Country Phone Code if Outside US

**2 Easy Ways to Apply**

Use ONE of the following methods to apply for a scholarship for the AsianAmerican MultiSpecialty Summit IV / Honolulu, Hawaii, USA

Mail: SLS, Inc.
7330 SW 62 Place
Suite 410
Miami, FL 33143 USA

Fax: (305) 667-4123

**2. PROGRAM INFORMATION.**

Name of Program/Organization

Name of Residency Program Director or Chairman

E-Mail Address / Residency Program Director or Chairman

**INSTRUCTIONS:** Fill out the form completely (incomplete forms will be returned unprocessed). Send **this form**, along with the **Applicant's statement** and the **Chairman or Program Director's statement** via fax or mail to : Attn: Flor Tilden, Society of Laparoendoscopic Surgeons, Fax: (305) 667-4123; Address: 7330 SW 62 Place Suite 410, Miami, Florida 33143. Please use one form per person.

To qualify for a scholarship to the annual meeting:

☐ 1. Resident must currently be a Resident-In-Training, Fellow-In-Training, Nurse, or Affiliated Medical Personnel. To qualify as a resident, applicant must be in training in a U.S. accredited training program or, if outside the U.S., must be a Resident-in-Training within the first five years after medical school degree.

☐ 2. Applicant must submit the Scholarship Application Form (this form).

☐ 3. Applicant must submit a statement (50 words or less) stating your training status, specialty, and interest in minimally invasive surgery.

☐ 4. Applicant must fax or mail a statement from your Department Chairman or Program Director (50 words or less) stating that you are enrolled in their program and why he/she is selecting you to attend this conference.

The items listed above must be submitted together in one package. Please check to be sure all of the above items are included.

Notification regarding your scholarship will be sent within two weeks of SLS's receipt of your request for scholarship.

Once your scholarship has been approved, there are two easy ways to register for the meeting. You will be sent (via email) a coupon code to enter when completing your online registration form. This coupon code will apply the appropriate discount to your registration fees. If paying by check, you must download a PDF registration form from the SLS web site, complete the registration form, enter your coupon code where indicated, and mail with your check.

***COMPLETE PACKAGE MUST BE RECEIVED BY NOVEMBER 23, 2009. Registration must be completed by December 10, 2009. DO NOT INCLUDE ANY PAYMENT WITH THIS FORM AND PACKET.***