

AMS Travel Grant Form	
Applicant Details	
Title:	
First/Given Name(s):	
Last/Family Name(s):	
Contact Details	
Address:	
Phone:	
Mobile:	
Email:	
Practice details	
Practice name:	
Address:	
Phone:	

By signing this application, the applicant agrees and understands the following terms:

- Successful applicants will be provided with a travel grant of \$1,000 to contribute towards flights, accommodation and Congress registration. All other costs are to be met by the applicant.
- All the information provided in this application is truthful and accurate at the time of submission;
- The applicant is obliged to keep the AMS informed about any changes concerning this application in a timely manner;
- The applicant gives permission to obtain any information required to substantiate this application; and
- The applicant agrees for AMS to publish their name as an AMS 2019 Congress Travel Grant winner if successful.

Applicant's Signature: _____ Date: _____