



2009 Annual Meeting
Travel Grant Application
May 13 – 17, 2009
Denver, Colorado, USA

Application Deadline: February 10, 2009

To apply submit your completed application, a current copy of your CV or resume, a brief statement explaining the impact or importance of attending this meeting and a letter of support including a statement of need. Residents and trainees should also include a letter of introduction from their training directors. Applications should be sent to:

**Society for Vascular Medicine
Travel Grants
111 Deer Lake Road, Suite 500
Deerfield, IL 60015 USA
Fax: 847.480.9282
info@vascularmed.org**

Name:

Position:

Department:

Institution:

Address

Telephone:

Fax:

Social Security Number:

E-Mail:

Degree(s) held and year(s) granted:

Sponsor: Print name and telephone number of an SVM member to serve as sponsor. The society will serve as sponsor for individuals working outside the United States who are unable to easily identify a member to sponsor their application.

Name

Telephone Number

Sponsor Signature

Date

Travel Funds Requested

A. Select the minimum level of support needed to attend this meeting.

Conference Registration

Hotel Accommodations Number of nights:

Airfare Estimated Cost:

B. Do you have any other means of support to attend this meeting?

If yes, indicate source and amount provided.

Source:

Amount provided:

Demographic Information

Please answer the following questions. This information will not be published. It is intended for data collection purposes.

A. Are you a member of the Society for Vascular Medicine?

B. Country of citizenship:

C. Gender:

D. Date of birth:

E. Highest degree earned: Year degree received:

F. What is your professional status?

If employed full-time in vascular medicine, indicate title and organization:

Hourly Wage Rate:

Conversion to U.S. Dollar:

G. What is your area of vascular interest?

Cardiovascular Prevention and Lipids

Cerebrovascular Diseases

Clinical Vascular Medicine

Diabetes Mellitus and Metabolic Syndrome

Peripheral Vascular Interventions

Teaching

Thromboembolism and Anticoagulation

Vascular Laboratory

Vascular Research

Vascular Surgery Radiology

Wound Care

Other

Travel Grant Applicant Statement

I agree to provide a written summary of how attendance at the SVM 2009 Annual Meeting benefited my professional growth in vascular medicine within 30 days of completion of the meeting.

I confirm that I have never received an SVM travel grant.

I further attest to the accuracy of my statements regarding other funding available to support my travel, and that all travel grant funds provided by SVM will be used to support my travel, lodging and other expenses directly associated with my participation at the annual meeting.

Signature

Date
