

SOCIETY FOR THE ADVANCEMENT OF BLOOD MANAGEMENT (SABM)

International Physician Training Program

Request to Waive SABM 2010 Annual Meeting Registration



SOCIETY FOR THE ADVANCEMENT
OF BLOOD MANAGEMENT®

Name _____	Credentials _____	Medical Specialty _____
Title _____		
Institution _____	Work Phone _____	
Institution Address _____	<i>(Please include country calling code)</i>	
_____	Home Phone _____	
City/Province _____	<i>(Please include country calling code)</i>	
Country _____	Email _____	
Home Address _____	Alternate Email _____	
City/Province _____		
Country _____	Preferred mailing address <input type="checkbox"/> Work <input type="checkbox"/> Home	

Who is your SABM Mentoring Physician? _____

Please provide the schedule for your course of training.

Dates	Mentoring institution	Physician Mentor	Mentor Phone	Mentor Specialty
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

_____ Number of Physicians at your home institution

Yes No Does your home institution currently have a blood management program?

Yes No Has anyone else from your home institution applied for this benefit? _____

Yes No Will you require a letter of invitation? *(If yes, please include name)*

Yes No Have you received financial support for attending this meeting? _____

(If yes, please include source)

Please include a copy of your CV with this application.

I understand that if awarded this request, my general meeting registration to the SABM 2010 Annual Meeting will be waived. I understand this does not include registration for sessions which require an additional fee, such as the *Preconference Session* and *Meet the Expert*. I accept responsibility for all financial obligations, other than registration, such as, but not limited to visa acquisition, airfare, hotel, medical insurance, meals and incidentals, and travel within the US to mentorship locations. As a recipient of this award, I will manage all travel, hotel, and other arrangements for attending the meeting.

Print name

Signature

Date

Please fax the completed, signed application to 414-276-3349, or email to hhermus@sabm.org.