



2010 Annual Meeting  
Travel Grant Application  
April 28 – May 2, 2010  
Cleveland, Ohio, USA

**Application Deadline: February 12, 2010**

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 100  
Deerfield, IL 60015 USA  
Fax: 847.480.9282  
info@vascularmed.org**

Name: (First Name/Given Name)

(Last Name/Family Name)

Position:

Department:

Institution:

Address (if you will be at a different address in February 2010, please indicate that address, as well):

Current Address:

Address as of February 2010:

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.

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Name

Telephone Number

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Sponsor Signature

Date

## *Travel Funds Requested*

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**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? Yes No**  
**If yes, indicate source and amount provided.**

Source:

Amount provided:

## *Demographic Information*

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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 This information will not be published.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? Yes No**

**B. Country of citizenship:**

**C. Gender: Male Female**

**D. Date of birth:**

**E. Highest degree earned: Year degree received:**

**F. What is your professional status?**

- Undergraduate student
- Pre-doctoral student
- Post-doctoral student/fellow
- Resident
- Employed full-time in vascular medicine as (indicate title and organization):

Hourly Wage Rate:

Conversion to U.S. Dollar:

**G. What is your area of vascular interest?**

- |   |  |
|---|--|
| <input type="checkbox"/> Cardiovascular Prevention and Lipids     | <input type="checkbox"/> Thromboembolism and Anticoagulation |
| <input type="checkbox"/> Cerebrovascular Diseases                 | <input type="checkbox"/> Vascular Laboratory                 |
| <input type="checkbox"/> Clinical Vascular Medicine               | <input type="checkbox"/> Vascular Research                   |
| <input type="checkbox"/> Diabetes Mellitus and Metabolic Syndrome | <input type="checkbox"/> Vascular Surgery Radiology          |
| <input type="checkbox"/> Peripheral Vascular Interventions        | <input type="checkbox"/> Wound Care                          |
| <input type="checkbox"/> Teaching                                 | <input type="checkbox"/> Other                               |

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### **Travel Grant Applicant Statement**

I agree to provide a written summary of how attendance at the SVM 2010 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

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