



**NORTHEASTERN SECTION OF THE
AMERICAN UROLOGICAL ASSOCIATION**

**2019 ANNUAL MEETING
RESIDENT TRAVEL GRANT REQUEST FORM**

The Section supports its 16 Urology Programs by providing annual grants to help offset costs associated with sending residents/fellows who participate in the education of the meeting (abstract presentation, Resident Debates, Skills Challenge). The Section provides a \$500 grant per resident (up to a maximum of four residents or \$2,000) – and are payable and sent directly to the Institution, not the individual resident.

Directions: Complete this form to request a grant for residents who attended the September 19-21, 2019 Section meeting in Syracuse, NY.

Name of Institution: _____

Tax ID#: _____

Institution Address: _____
(payment will be mailed to this address)

Name of Program Director: _____

Administrative Contact Person: _____

Telephone _____

Email Address: _____

Check from Section payable to: _____

Name of Resident/Fellow #1: _____

Name of Resident/Fellow #2: _____

Name of Resident/Fellow #3: _____

Name of Resident/Fellow #4: _____

The Section staff will confirm attendance of these individuals and process payments. Payment is sent typically within 15 days of receipt of this completed form.

RETURN THIS COMPLETED FORM TO:

Northeastern Section, AUA
1100 E. Woodfield Rd., Ste. 350
Schaumburg, IL 60173
Phone: 847-969-0283
Fax: 847-517-7229
E-mail: info@nsaua.org

DEADLINE: FORMS MUST BE RECEIVED BY NOVEMBER 30, 2019