

AMERICAN SOCIETY OF ADDICTION MEDICINE
511 Avenue of the Americas - #510
New York, NY 10011-8436

Scholarship for Physicians-in-Training
Application Form

(please print)

Name of Applicant _____ Degree _____

Name and Address of Program _____

Program Director's Name _____

Program Director's Phone # _____ FAX # _____

How long have you been in this residency? _____

Your Mailing Address _____

Your Phone # _____ Your E-mail Address: _____

Yes, I would like to receive a scholarship to attend the 41st Annual Medical-Scientific Conference and Ruth Fox Course for Physicians, April 15-18, 2010 in San Francisco, CA because:

continue on an additional page

Please indicate if you have a special interest in Public Policy and would like to be involved with ASAM's Public Policy Committee.

My suggestions for how to increase opportunities for training about alcoholism and other drug dependencies in this residency program:

continue on an additional page

If you have any questions call: Claire Osman at 718 275-7766 or 800 257-6776. E-mail: asamclaire@aol.com

Complete and return by November 30, 2009 to:

Claire Osman

American Society of Addiction Medicine
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