

MSDU Annual Seminar Year ____2017_____

SONOGRAPHER INFORMATION		
Name		
Address		
City	State	Zip
Daytime Phone ()		
****Please note: Notification of grant awards will be made <u>via email</u> , applicants will have 48 hours to respond and accept grant.****		
I am registered in the following specialty areas: (check all that apply)		
□ Abdomen □ Breast □ Cardiac (Adult) □ Cardiac (Fetal) □ Cardiac (Pediatric) □ Neurosonology □ Ob/Gyn □ Ophthalmology □ Vascular		
ARDMS Registry #:		
 To be eligible to apply for a sonographer grant, applicants must (at time of application): Be an MSDU member in good standing, Be registered by the ARDMS, If selected to receive a grant, the applicant must register for the MSDU Spring Seminar and attend all of the lectures on Saturday and Sunday. Provide a letter from his/her employer (on institutional/company letterhead) indicating that time will be provided for the sonographer to attend the meeting and employer does not provide funding for the 2017 MSDU Annual Seminar. 		
MSDU Annual Seminar grant recipients will be selected via a lottery drawing of all applicants received by March 1st, 2017 . The sonographer grant amount is currently at \$250 and will be available to pick up at the registration table on Sunday after the seminar.		
Completion of this form does not guarantee receipt of a grant.		
Mail completed application to: Meghan Kas -OR- scan completed form to PDF format an Notification of grant awards will begin within a grant, applications MUST be received by Market Notice (Notice of Section 1988).	d email to meghain 7 days of the a	ankasper@msdu.org
I understand and will abide by the guidelines stated above. Further, I understand that falsification of any of the information provided will result in the rejection of this grant application.		
Signature		Date