AMERICAN COLLEGE OF CHEST PHYSICIANS®

12th Annual ACCP Community Asthma and COPD Coalitions Symposium
CHEST 2010
November 4-5, 2010
Vancouver, British Columbia, Canada

Travel Scholarship Application

Which scholarship are you applying for (please check one): __ Asthma __ COPD

Coalition Name:_____

Coalition Chair or Executive Director: _____

Name of Representative: _____

(ACCP members not eligible)

Position:_____
__ Home __ Office
Address: _____
City, State Zip: _____
Phone: _____ **Fax:** _____
E-mail Address: _____

Description of Coalition - Please include information on your coalition activities, population covered, primary sources of funding, and approximate annual budget (If you need more space please attach additional sheets):

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Office use only: _____/_____

What coalition activities would you be able to present on at the Networking Poster Reception? (If you need more space please attach additional sheets):

In what way does your coalition address environmental issues relating to respiratory health? (If you need additional space please attach additional sheets):

Signature of Coalition Chair or Executive Director: _____

Date: _____

Return this form via fax or e-mail to:

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Northbrook, Illinois 60062
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Office use only: _____/_____