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Travel Grant Application for the WSSFN Quadrennial Meeting June 26-29, 2017

Name: _____

Office Address: _____

City/State _____ Zip _____

Country _____ Phone _____

Email _____ Date of birth _____

Residency Training _____ Years _____

Program Director: _____ Email: _____

Fellowship Training: _____

WSSFN Member: Yes / No

Member of other Stereotactic Society: Yes / No

If yes, please specify: _____

Interests in Stereotactic and Functional Neurosurgery

(Please indicate all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Movement disorders | <input type="checkbox"/> Psychiatric surgery |
| <input type="checkbox"/> Tumors | <input type="checkbox"/> Imaging | <input type="checkbox"/> Basic Science |
| <input type="checkbox"/> Radiosurgery | <input type="checkbox"/> Ethics | <input type="checkbox"/> Pain |
| <input type="checkbox"/> Relevance in Developing Countries | | |

Please attach a copy of the abstract and your curriculum vitae.

Only those submitting an abstract will be considered for a travel grant.

Send to: **(Email preferred)**

Dr. Mojgan Hodaie, WSSFN Travel Awards
c/o Melody M. Dian, WSSFN Administrator

e-mail: mdian@centurytel.net

Fax: 866-362-1101

Your application and abstract **must** be received by **March 15, 2017** for consideration.

Founded in 1961 as International Society for Research in Stereoccephalotomy