

National Institute on Drug Abuse
College on Problems of Drug Dependence

Tutorials Workshop 2009

Reno/Sparks, Nevada
June 20, 2009

Application Form

Please print clearly in blue/black ink or type.

FIRST NAME: _____ LAST NAME: _____

CHECK ONE:

NIDA NRSA FELLOW OR TRAINEE NIDA DIVERSITY SUPPLEMENT RECIPIENT

NIDA GRANT #: _____

MENTOR/SPONSOR: _____

POSITION TITLE: _____

NAME OF INSTITUTION: _____

E-MAIL ADDRESS: _____ PHONE: _____

DEGREE (BS/MS/PhD/MD/Other Doctorate): _____

YEAR CONFERRED (e.g. 2008): _____

DISCIPLINE (e.g. neuroimmunology): _____

LENGTH OF TRAINING (YEARS): PREDOCTORAL: _____ POSTDOCTORAL: _____

YEARS REMAINING IN CURRENT PROGRAM: _____

ARE YOU SCHEDULED TO PRESENT AT THE 2009 CPDD? _____

TITLE OF PRESENTATION/POSTER (if presenting): _____



HAVE YOU PREVIOUSLY APPLIED FOR THE NIDA DIRECTOR'S AWARD? _____

IF YES, WHAT YEAR(S) DID YOU APPLY? _____

WHAT YEAR(S) DID YOU RECEIVE THE AWARD? _____

HAVE YOU APPLIED FOR ANY OTHER TRAVEL AWARD TO CPDD (FROM ANY ORGANIZATION) THIS YEAR? _____

IF YES, WHICH ONE(S) DID YOU APPLY FOR? _____

BRIEF STATEMENT OF RESEARCH INTEREST (100 WORDS OR LESS):

WHAT DO YOU HOPE TO ACHIEVE/GAIN FROM ATTENDING THE MEETING AND THE TUTORIALS WORKSHOP (100 WORDS OR LESS):

E-mail to: Dr. Ghim at ghimm@nida.nih.gov
Subject Heading: 2009 NIDA Tutorials Workshop and Travel Award

Deadline: Thursday, March 19, 2009 at 5:00 PM (Eastern time).
E-mail confirmation of receipt will be sent. If you do not receive a confirmation, your application has not been received.

