



## APIAP 2019 Travel Bursaries

The APIAP is pleased to invite applications from trainee pathologists in the IAP for bursaries to attend the 11<sup>th</sup> APIAP Congress in Hefei, China in October 11-14<sup>th</sup>, 2018. The APIAP is providing 6 bursaries which will pay up to 1000USD expenses to attend the Congress upon production of receipts.

Applicants for the APIAP travel bursaries to attend the Congress should be IAP members still in training and should submit at least one abstract at the congress website (<https://www.medmeeting.org/Survey/Index/773>) for which they are either first author or have contributed significantly to the study.

The bursaries includes: **1. Free Registration** (Your registration will be waived by the Conference and you may collect your conference package at the registration desk on-site. If you have already paid registration fee online, refund will be processed after the Conference.) **2. Travel Bursaries Application** (The secretariat will provide up to 500 USD for your international transportation. The flight ticket will be reimbursed within 60 days approximately after the Conference only through bank transfer.)

To apply for a bursary please complete the **online form** below and submit it. Please also send your **submitted abstract, CV, IAP member ID, passport visa page, and a digital photograph** to [APIAP19@ustc.edu.cn](mailto:APIAP19@ustc.edu.cn)

The closing date for applications is 15th July 2018 "**Travel Bursaries**" of the APIAP 2019 in Hefei.

### Online application forms

Name: First\_\_\_\_\_Last\_\_\_\_\_

Date of Birth: Month\_\_\_\_\_Day\_\_\_\_\_Year\_\_\_\_\_

Gender:\_\_\_\_\_

Address: Street\_\_\_\_\_City\_\_\_\_\_State\Provence\Region\_\_\_\_\_Postal Zip Code\_\_\_\_\_Country\_\_\_\_\_

Phone: Area code\_\_\_\_\_Phone number\_\_\_\_\_

Email:\_\_\_\_\_

Have you submitted an abstract to the Congress? \_\_\_\_\_, The abstract ID\_\_\_\_\_

Are you a member of the IAP? \_\_\_\_\_

Have you applied for a bursary elsewhere? If so please give details:\_\_\_\_\_

You can click Link and fill in the information. <https://www.medmeeting.org/Survey/Index/773>

I understand that my data will be stored by the APIAP and I may be contacted in the future by the APIAP on matters relating to my application. This data will be stored in accordance with the APIAP's data privacy policies and will not be released to third parties. I may request that my data is deleted at any time using the data deletion request form in the data privacy policies section of the website however I understand that my data is stored as a contractual necessity of my receipt of funding from APIAP so that if I ask for my data to be deleted this will also mean that I am cancelling my application for this funding.

Signature: \_\_\_\_\_