**Applicant Name:**

Affiliation/Institution:

Address:

City: State/Province: Zip/Postal Code:

Phone: Fax:

E-mail:

**ISACP Membership**

I am a current ISACP Member: Yes No, I will join at registration

My faculty mentor is an ISACP Member: No Yes, Name:

**Eligibility** (check appropriate status)

 I am a resident or graduate student (please include a letter from faculty advisor)

 I am a junior faculty member (finished training within past year or <40 years old)

 I have submitted an abstract for oral or poster presentation (required)

**Estimated round trip airfare** to attend the ISACP Congress: US$

**Estimated cost of accommodation**: $ /night X nights

**Please include the following letters with your application:**

1. All applicants must include a brief letter stating their career goals, the benefits of attending the Congress, and financial need (1-page maximum).
2. Trainees only must include a brief letter from their faculty advisor verifying their status as a resident or graduate student and indicating their support for the application (1-page max).

**Please email your completed application to the ISACP President, Dr. Amelia Goddard (****amelia.goddard@up.ac.za****) no later than 1 MAY 2018.**