

Travel Award Application

Pathology Informatics Summit 2025



Application Deadline: January 14, 2025

Name: _____

Address: _____

City, State, Zip: _____

Daytime Phone Number: _____ Mobile Number: _____

E-Mail: _____

Are you a previous Pathology Informatics Summit Travel Awardee? Yes / No Year: _____

Current Position:

Current Training Program: (select one option below)

Pathology Residency: AP, CP, AP/CP, AP/NP Year: PGY1, PGY2, PGY3, PGY4

Fellowship, Specify: _____ Year: _____

Graduate School: MS, PhD Year: _____

Field of study: _____

Other: _____

Training Institution: _____

Institution Address: _____

Training Program Director: _____ Title: _____

Training Program Director's E-Mail: _____

Start Date (mm/yy): _____ Anticipated End Date (mm/yy): _____

Applicant Signature: _____

Training Program Director Signature: _____