

Working together for effective patient care

Application form for MPWB Awards For Virtual Access to AAPM 65th annual meeting 2023

| Registration Information | Gender (ontional): |
|--|--|
| Full Name: | _ dender (optional): |
| Country of Residence: | |
| Education (University, degree obtained, graduation y | |
| Work experience as Medical Physicist (years, role): | |
| Are you a member of MPWB? | ike to become a member |
| Institution Information Name: Address: | |
| Head of Department /Supervisor Information Full Name: | mation |
| Motivation (min 100 words): | |
| Briefly explain how attendance at this meeting will assist y further your career. | ou and your institution in your work or |
| By signing below, Applicant and Head of Department/Supervabove information is complete, true, and correct. Both partie or falsification will result in registration cancellation and restric events. After the meeting (within 2 month) the applicant is ex on how the attendance of the meeting has helped in their with the second | es understand that any misrepresentation etion from attendance at future AAPM epected to submit to MPWB a short resume |
| Applicant Signature | Date |



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Head of Department/Supervisor Signature

Date