Medical Physics for World Benefit
www.MPWB.org
Working together for effective patient care

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

Registration Information

Full Name: _____ Gender (optional):_____
Registration Email: _____
Country of Residence: _____
Education (University, degree obtained, graduation year):
_____

Work experience as Medical Physicist (years, role): _____

Are you a member of MPWB?
☐ Yes ☐ No ☐ Would like to become a member

Institution Information

Name: _____
Address: _____

Head of Department /Supervisor Information

Full Name: _____
Email: _____
Phone: _____

Motivation (min 100 words):

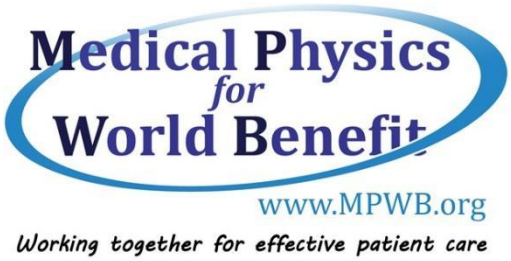
Briefly explain how attendance at this meeting will assist you and your institution in your work or further your career.

By signing below, Applicant and Head of Department/Supervisor hereby affirm and certify that the above information is complete, true, and correct. Both parties understand that any misrepresentation or falsification will result in registration cancellation and restriction from attendance at future AAPM events. After the meeting (within 2 month) the applicant is expected to submit to MPWB a short resume on how the attendance of the meeting has helped in their work or their career.

_____

Applicant Signature *Date*

_____



Head of Department/Supervisor Signature *Date*