

Application for Nuclear Cardiology Working Group Start-up Funding

Working Group Contact Name & Address:

Telephone:

FAX:

E-Mail Address:

Geographic Area of the Working Group:

Organizers/Officers:

Plans for initial meeting (date, location, speaker(s), topic(s), funding, promotion, etc. - append additional pages as needed):

Plans for subsequent activities, if known (dates, locations, etc.)

How do you plan to use this grant (append budget if applicable)?

What are your plans for additional and continued funding after initial ASNC grant allocation:

Provide information on bank account and name of payee ASNC should use to issue check for grant:

Append a mailing list of possible working group members. Total number = _____

(Include physicians, scientists, technologists, industry representatives, etc.)

I agree that by receiving grant funding from ASNC my working group will hold its first function within six months and that I must submit a Reporting Form within one month of the activity. If no event takes place within six months, I will return the funds. I will be eligible for application of a grant at a future date.

Signature

Date

Nuclear Cardiology Working Group Grant Reporting Form

To be sent to the ASNC Office within one month of the initial meeting

Working Group Name: _____

Contact Person: _____

Phone No. / FAX No.: _____/_____

Email Address: _____

Date ASNC Grant Received: _____

Date of First Meeting: _____

Location of Meeting: _____

Speaker(s): _____

Topic(s): _____

Total Attendance _____

Physicians _____ Technologists _____ Other _____

CME Credits Offered _____

VOICE Credits Offered _____

Date and Location of Next Scheduled Meeting:

Please Send Report to:

Working Groups Coordinator

American Society of Nuclear Cardiology

9111 Old Georgetown Road

Bethesda, MD 20814-1699 USA

Tel: 301/ 493-2360 FAX: 301/ 493-2376

admin@asnc.org