

## 2024 NSS Travel Award Application

PERSONAL DI	ETAILS:					
First Name:						
Last Name:						
Date of Birth	:					
Email Addre						
Mailing Add						
Phone Numb	er:					
Training Sta	tus:					
Institution o	f Research:					
Please indica	ite your expe	cted year of g	raduation from	residency program:		
If you are a §	general surge	ry resident, p	lease indicate y	our PGY:		
PGY1	PGY3	PGY5	PGY7			
PGY2	PGY4	PGY6	PGY8			
Please indica	ate your area	of interest. Ch	neck all that app	oly.		
Plastics Vas		Vascular		General Surgery	Other:	
Essay Quest	ion: Please de	scribe how th	e NSS Travel Av	vard to attend an academic mo	eeting of your choice will in	mpact

your career in surgery. (Word Limit: 100 words or less and provide a separate document)