



2010 Cecil F. Pinney Travel Fund Application

PLEASE TYPE, OR PRINT LEGIBLY USING BLACK INK ONLY

Name: _____ AACC International Membership ID# _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone Number: _____ Email: _____

Current Position: _____

Year hired in current position: _____

EDUCATION

University attended	Location	Date completed	Degree received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you responsible for paying your way to professional meetings using:

- | | | |
|--|------------------------------|-----------------------------|
| Your own funds | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Funds from grant | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Business/University pays | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Combination of own funds and other funds | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Are you planning to attend this year's AACC International Annual Meeting? Yes No

If yes to question above:

Did you submit (or planning to) an abstract for an oral or poster? Yes No

Are you chairing a session? Yes No

AACC INTERNATIONAL INVOLVEMENT

	Yes	No
Division member	_____	_____
Division officer	_____	_____
Section member	_____	_____
Section officer	_____	_____
Served on a committee	_____	_____
Committee chair	_____	_____
Published an article with AACC Intl.	_____	_____
Presented at a past AACC Intl. annual meeting	_____	_____
Attended a past AACC Intl. annual meeting	_____	_____
Attended a short course	_____	_____

Submit this form along with the application cover sheet, and the candidate's resume to Linda Schmitt, lschmitt@scisoc.org, at AACC International by **March 1, 2010** or mail to AACC International, 3340 Pilot Knob Road, St. Paul, MN 55121 U.S.A.

I hereby certify that all information provided in this application is true and correct.

Date: _____ Applicant's Signature: _____