



## APSN CME Grants Application Form

The APSN CME grants are meant to promote continuing medical education and training, and to promote networking and idea exchanges for trainees in nephrology, fellows, nephrologists, and early-mid career researchers in this region. Under the co-arrangement of APSN and hosting societies, the grants are meant to cover conference registration fees and/or travel cost & accommodation (whichever applicable). Only current members of the APSN or APSN-affiliated society\* will be considered for the grants.

\* Please refer to APSN website (click [here](#)) for lists of affiliated society.

### All fields are mandatory

#### **Conferences/Meetings intended to attend:**

*(Each candidate can apply more than one but only ONE registration/travel grants will be awarded to an individual for each calendar year.)*

	Society	Activities	Date of Activities
<input type="checkbox"/>	Japanese Society of Nephrology	JSN-APSN CME Course	28 June 2024
<input type="checkbox"/>	Australian and New Zealand Society of Nephrology	ANZSN-APSN CME Course	30 Aug - 3 Sep 2024

Title:  Prof  Dr  Others, please specify: \_\_\_\_\_

Gender:  Male  Female

Year of Birth (Below 45 upon submission of application): \_\_\_\_\_

Family Name: \_\_\_\_\_

Given Name: \_\_\_\_\_

Current Position: \_\_\_\_\_

Current Institution: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

City and Country: \_\_\_\_\_

Contact Mobile Number (with country code): \_\_\_\_\_

Contact Email Address: \_\_\_\_\_



# The Asian Pacific Society of Nephrology

Status:  Nephrology Trainee       Early or mid-career researcher  
 Nephrologist       Enrolled in a PhD or Master Degree  
 Others, please specify: \_\_\_\_\_

Applicant is presenting an abstract (poster or oral presentation):  Yes  No

Are you a Current member of the Affiliated Society:  Yes  No

If yes, name of the Affiliated Society: \_\_\_\_\_

Endorsed by the Supervisor or Head of the institution:

Name: \_\_\_\_\_

Post Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

**A brief summary about the application (Max 150 words)**

Please provide a brief summary and explain how attendance at the meeting / course / workshop will specifically benefit both applicant’s education, training and career development, as well as other members of the affiliated and how they will disseminate this work to the benefit of Society members as a whole.

---

---

---

---

---

---

---

---

---

---

I hereby authorized APSN to forward my contact details to the organizer of the CME courses for further communications.

I agree to complete a post meeting survey organized by the hosting society and return the survey in a timely manner.

Please return this form to APSN Secretariat by email: [enquiries@apsneph.org](mailto:enquiries@apsneph.org) or by fax: +852 2559 6910.