

Member Travel Grant Contribution Form

Name: _____

Mailing Address: _____

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

Phone: (_____) _____ Fax: (_____) _____

Email: _____ Website: _____

Terms of Contribution

- » Minimum contribution is \$250.00.
- » Your contribution is tax deductible. Please keep a copy of this form for your records.
- » Contributor agrees not to participate in or direct the travel grant process.
- » Contributor acknowledges that members of the ASLMS Conference Program Committee makes decisions regarding the recipients of travel grants and agrees not to direct nominations.
- » This agreement is for the benefit of and shall bind the Contributor and the Society, their employees, agents, members, representatives, directors, officers and all of their heirs, legal representatives, successors and assigns and is governed by the laws of the State of Wisconsin.
- » Signing this agreement makes it legally binding on Contributor.
- » This agreement may not be changed except by the parties' written agreement.

The Society agrees upon request to furnish the Contributor with a report concerning the expenditure of Travel Grant funds.

Contributor Signature: _____

ASLMS Signature: _____ Date: _____

Payment Options

Visa MasterCard American Express Check - *Make check payable (in U.S. funds) to American Society for Laser Medicine and Surgery, Inc.*

Card Number _____ Expiration Date ____/____

Signature _____

Please complete and return with payment to:

JoAnn Janikowski, Associate Executive Director
American Society for Laser Medicine and Surgery, Inc. 2100 Stewart Avenue, Suite 240, Wausau, WI 54401
Phone: (715) 301-1631 | Fax: (715) 848-2493 | Email: joann@aslms.org