

Member Travel Grant Contribution Form

CONTRIBUTOR INFORMATION

Name _____
 Address _____ City _____
 State/Province _____ Zip/Postal Code _____ Country _____
 Phone _____ Fax _____
 Email _____ Website URL _____

PAYMENT INFORMATION – IN U.S. DOLLARS

Payment by Check Enclosed Payment must be made in U.S. dollars only and drawn on a U.S. bank. Make check payable to ASLMS.
Individuals from countries sanctioned by the U.S. Treasury Department's Office of Foreign Assets Control must use third-country financial institutions as intermediaries for all payments to the ASLMS.

Payment by Credit Card Visa MasterCard American Express

Credit Card # _____ Expiration Date (MM/YY) _____ / _____

Name on Card (print) _____

Signature _____

SUBMIT APPLICATION

Please return completed form with payment to:

- » **Mail** - ATTN: Andrea Alstad, ASLMS; 2100 Stewart Avenue, Suite 240; Wausau, WI 54401
- » **Fax** - (715) 848-2493
- » **Email** - andrea@aslms.org

You may provide your credit card information via phone: (715) 845-9283 or Toll Free (877) 258-6028

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.

Authorized Signature _____ Date _____

Name of Authorized Person (print) _____

ASLMS Signature _____ Date _____

Name of ASLMS Person (print) _____