



**RESIDENT/FELLOW TRAVEL SUBSIDY APPLICATION
COSMETIC BOOTCAMP SUMMER MEETING
June 22-25, 2017 St. Regis Resort, Aspen, Colorado**

Purpose: We are pleased to offer an opportunity for subsidization towards your attendance and participation at the 2017 Cosmetic Bootcamp Summer meeting at the St. Regis Resort in Aspen, CO.

Award Components: A limited number of scholarships for Residents and Fellows are available for attendance at the 2017 CBC Summer meeting. Residents and Fellows may be eligible for up to \$699 in reimbursements:

Stipends are reviewed on first come/first served basis of completed applications. As additional funding is received, additional Resident/Fellow awards will be released, so don't hesitate to apply for a subsidy. A wait-list will be created.

Reimbursement includes the following:

- \$199 tuition waiver (i.e. No registration fee to attend the meeting)
- \$500 reimbursement towards travel and hotel only, meals not included in stipend reimbursement.

Award Criteria:

- Applicant must be a registered Resident or Fellow at an accredited program in one of the core aesthetic fields of Dermatology, Plastic or Facial Plastic Surgery, Otolaryngology or Ophthalmology.
 - A letter of recommendation from your Residency Program Director **must** accompany your application. This letter must state what year you are in, and that you are enrolled and in good standing in your program. It must also state that your Program Director recommends you to be a recipient of a subsidy. This letter must be a separate document and on letterhead stationary.
1. Applications must be received by May 15, 2017 in order to be considered. Applications can be sent via email or Fax only. **Please send completed application with your recommendation letter.** You will not be considered until ALL your documents are received.
 2. Type or print legibly.
 3. You will be notified by email regarding the status of your application on a rolling basis. Once all spaces have been filled, a waitlist will be created.
 4. If you are selected to receive a stipend, **proof of travel plans will be required by May 22, 2017** so that we can be certain of your intent to utilize the funding. Please let us know if you choose not to attend ASAP so that another Resident or Fellow may be able to participate at the meeting.

If you have any questions about the application process, please email Gail Riley at: griley@mdmeetingdesigns.com, or call 781-793-0088.



Application Process:

Applicant must submit the following items:

1. Completed application form (if handwritten, please print **legibly**).
 - Fellows must sign the Sunshine Act Acknowledgement.
2. Letter of Recommendation from Resident Director on Letterhead – see above for information to include.
3. Send completed application with all supporting documents to Gail Riley:
EMAIL: griley@mdmeetingdesigns.com
FAX: 1-866-306-5210 / Attn: Gail Riley

Deadline for the application is **May 15, 2017**. Applications received after this date will not be considered unless space is available.

Award Procedure: If you are a selected recipient of a travel subsidy, you will receive reimbursement after the meeting as per below. Your tuition to the meeting will be waived or reimbursed if you have paid the \$199 fee.

After the 2017 Summer CBC meeting, *and* after your attendance has been verified, you will be instructed to submit your receipts for travel (airline boarding pass and payment receipt, or car mileage at 0.56 per mile, whichever is less) as well as your hotel accommodations receipt for the dates of the meeting in Aspen. A reimbursement check will be sent to you after all documentation has been reviewed. SAVE YOUR RECEIPTS FOR HOTEL AND TRAVEL ONLY. MEALS ARE NOT REIMBURSIBLE.

A waitlist will be created. Please hold on to your receipts. In the event that an award recipient fails to attend or additional funding becomes available, the next eligible waitlisted Resident(s) will receive a stipend

FELLOWS PLEASE NOTE: IF YOU ARE A RECIPIENT OF THIS STIPEND CBC/MEETING DESIGNS AND MEDICAL EDUCATION RESOURCES ADHERE TO SUNSHINE ACT REPORTING REGULATIONS

***Per the Sunshine Act guidelines, if selected, your name and required information will be reported to the Centers for Medicare and Medicaid as having received a transfer of value.**

1. **Travel will be reimbursed to the usual/customary fees associated with coach class plane fare based on the average for your city of origin to the destination city, or by mileage if driving (\$0.56/mile).**
2. **Hotel rates are compared to the nightly negotiated rate for the host hotel for the meeting.**

****All documentation MUST be submitted together*.***
Incomplete applications will not be considered and may delay review of your request.

REQUESTS ARE REVIEWED IN ORDER OF COMPLETED APPLICATION. AN INCOMPLETE APPLICATION WILL NOT MOVE YOU FORWARD ON THE LIST FOR CONSIDERATION.



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First Name:	Middle Initial:	Last Name:
Mailing Address:		
City:	State:	Zip:
Email:	Phone:	
Residency Program (name and full mailing address):		
NPI #:	State and Professional License #:	
Specialty:	Current year in your program:	
Residency Director Name:		
Residency Director Email:		

Fellows Please Note: Per the Sunshine Act guidelines, if selected, your name and required information will be reported to the Centers for Medicare and Medicaid as having received a transfer of value.

I acknowledge Sunshine Act reporting regulations:

Name: _____ Signature: _____

Applicant must submit the following items:

*****All documentation MUST be submitted together*** Incomplete applications will not be considered**

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