

**SEPS Travel Award Application**  
to the Southeastern Pharmacology Society Meeting  
October 12 – 13, 2007  
**Deadline for receipt at MCG: July 27, 2007**

Fill out the request for funds and answer the questions. After you have completed the form, please send it as an e-mail attachment to [ycherry@mail.mcg.edu](mailto:ycherry@mail.mcg.edu).

Student's Name and Complete Institutional Address

Are you currently enrolled in a program that would lead to a degree in pharmacology?

Yes       No

Research Area:

\_\_\_\_\_

Are you within 3 years of obtaining your Doctoral degree?

Yes       No

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Have you ever presented this research at a meeting?

Fax Number: \_\_\_\_\_

Yes       No

If yes, what meeting?

\_\_\_\_\_

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**PROGRAM DIRECTOR/ SPONSOR:**

Director name/title: \_\_\_\_\_ Director email: \_\_\_\_\_

Cut and paste your abstract into the box below (use additional sheet if needed):