



SCHOLARSHIP APPLICATION FOR 2020 ANNUAL MEETING

NERVES is pleased to offer this opportunity to its members in good faith that only those practices that are truly in need will apply for the appropriate amount of support.

All NERVES members requesting a scholarship must complete both pages of this application. All applications must be received at least two months prior to the meeting start date (February 27, 2020). A reimbursement up to and not exceeding \$1,000 will be provided to use to offset the cost of travel and your meeting registration fee will be waived. All scholarship recipients must submit proof of attendance and receipts for air/rail/mileage reimbursement no later than 30 days after the meeting (May 15, 2020). One scholarship will be provided per practice and must include a signature from the practice's lead surgeon. Scholarship recipients will be announced on March 2nd.

Date: _____

Practice Administrator Name: _____

Practice Name/Location: _____

Have you ever attended a NERVES annual meeting? _____ Yes _____ No

If yes, when was the last meeting you attended? _____

I am requesting reimbursement for up to:

- \$500
- \$750
- \$1,000

Reimbursement should be made payable to: _____

NERVES Reimbursement Policy

- Up to \$1,000 will be reimbursed for recipients travel expenses, including transportation, hotel accommodations and meals not provided at the meeting, associated with attendance at the 2020 NERVES Annual Meeting.
- Scholarships are for practice administrators who are active NERVES members only. Scholarships are non-transferable.
- Any additional reimbursement or exceptions to this reimbursement policy may be determined by the NERVES executive committee.
- Late applications will not be accepted.

NERVES Member Signature

Lead Surgeon Signature



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I understand this application must be received at NERVES' office by February 27, 2020 (two months prior to the Annual Meeting start date). I also understand I must submit travel receipts no later than May 15, 2020 (30 days after the Annual Meeting) to receive my reimbursement.

Member Initials: _____

Send completed applications to:

NERVES

Email: info@nervesadmin.com | **Fax:** 704-365-3678 | **Mail:** 1300 Baxter St., Suite 360, Charlotte, NC 28204