Section of
Infectious Diseases

AMA SECTION OF INFECTIOUS DISEASES
CME Financial Support Benefit Application

Personal Information:

- **Full name: _____**
- **Mailing address: _____**
- **AMA member number: _____**
- **Current year of training (only for fellows): _____**
- **Number of years in practice: _____**

Name of the conference: _____

Date of the conference: _____

City and country where the conference took place: _____

Did you present: Oral abstract ☐ Poster ☐

Financial support
Please outline ALL the sources of financial support that you will receive (or have received) to attend this conference

Declaration
I declare that to the best of my knowledge the information provided in this application is true and no material has been withheld. I give my permission for my name and photograph to be published on the AMA website and publications. I will submit proof of attendance.

Signature of Applicant **Date signed**

Please email your completed application form to Section Services at Section.Services@albertadoctors.org

**Please attach in the email your attendance certificate and registration receipt.