Section of
Infectious Diseases

AMA SECTION OF INFECTIOUS DISEASES
Publication Fees Assistance Program Application

Personal Information

- Full name: _____
- Full mailing address: _____
- AMA member number: _____
- Current year of training: _____
- Number of years in practice: _____

Is the paper accepted for publication? Yes ☐ **No** ☐

Journal submitted and accepted for publication: _____

Title of the paper: _____

Are you the main author? Yes ☐ No ☐

Financial Support

Please outline ALL the sources of financial support that you will receive (or have received) for this publication fee:

Declaration

I declare that to the best of my knowledge the information provided in this application is true and no material has been withheld. If I am a successful recipient of the funding, I will submit proof of the publication and I give my permission for my name and photograph to be published on the AMA website and publications.

Signature of Applicant **Date signed**

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

**Please attached the letter of acceptance for publication and publication fee receipt