# APHRS

#### **ASIA PACIFIC HEART RHYTM SOCIETY**

101 Thomson Road, #06-01 United Square, Singapore 307591 Email: office@aphrs.org
Tel: +65 6829 5365 | Fax: +65 6829 5301 www.aphrs.org

# **APHRS Congress Travel Grants 2022**

The APHRS Congress Travel Grants 2022 is introduced to facilitate the participation of heart rhythm professionals in the <u>APHRS 2022 Annual Scientific Meeting</u>, <u>Singapore</u> (18-20 November). Each successful grant recipient will be awarded a travel stipend of <u>SGD 1,000</u> after the congress.

## Eligibility

- You must be a member of APHRS. Not a member yet? Join us now.
- You will be attending APHRS 2022 Singapore onsite.
- You are either a:
  - (a) Medical / Post Doctorate Student;
  - (b) Resident / Fellow in Training;
  - (c) Physician (with no more than 3 years after fellowship; or
  - (d) Allied Professional (Nurse / Cardiac Technologist).
- Priority will be given to:
  - (a) Applicants from APHRS Member Countries;
  - (b) Abstract presenters at the APHRS 2022 Singapore; and
  - (c) Applicants who have never received any support from APHRS before.

### How to Apply?

Kindly complete the application form and send it back together with your supporting document(s) to <a href="mailto:office@aphrs.org">office@aphrs.org</a>.

Application Closing Date: 14th October 2022, 11:59pm, Singapore Standard Time.

Grant recipients will be selected and notified by the end of October 2022.



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## **Application Form**

First Name			Last Name	
Gender			Date of Birth	
Nationality			Country of Residence	
Home Address				
APHRS Member ID				
Which category are you? Tick <u>ONLY ONE</u> and <u>indicate your institution at the side</u> . We kindly request you to submit supporting document(s) as well for our verification.				
	Medical / Post Doctorate Student			
	Resident / Fellow in Training			
	Physician (with no more than 3 years after fellowship)			
	Allied Professional (Nurse / Cardiac Technologist)			
Are you an abstract presenter at the APHRS 2022 Singapore (18-20 November)?				
	Yes. Abstract Reference Number:			
	No			
I confirm that the information given in this form is true, complete and accurate.				
Signature:			Date:	