



THE WESTERN THORACIC SURGICAL ASSOCIATION
Founded as The Samson Thoracic Surgical Society

2019 DONALD B. DOTY EDUCATION AWARD APPLICATION
(Please Type)

APPLICANT INFORMATION

Name _____
(Last) (First) (Initial) (Suffix) [Degree(s)]

Institution _____

Office Address _____

(City) (State or Province) (Zip/Postal Code)

Telephone No. _____ Fax No. _____ E-Mail _____

SUPPORT MATERIALS

With this application, you must submit:

- A one-page outline of what you hope to accomplish with the award;
- Brief Curriculum Vitae of WTSA Members involved with the project; and
- Only if you are a Candidate WTSA member, a **sponsor letter** from an Active or Senior WTSA member.

By checking this box, I acknowledge that, if a multi-page program description (rather than a one-page outline) and/or full-length CVs (rather than abbreviated CVs) are submitted, then my application will be **disqualified**.

ADDITIONAL ATTESTATIONS

By signing below, if chosen as the award recipient, you agree to:

- Submit a written report to the WTSA within 30 days after completion of the project; and
- Attend the 46th Annual Meeting of the WTSA, June 24 – 27, 2020, and make an oral presentation at that meeting about the project.

Signature of Applicant _____ Date _____

Email application form, one-page outline, and brief curriculum vitae in one single PDF file to admin@westernthoracic.org (subject line: 2019 Doty Award) by the **deadline of March 31, 2019**.

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