

ENDOCRINE TRAINEE DAY

Tuesday, June 9, 2009 • Washington, D.C.

Nomination Deadline: January 31, 2009

REQUIRED NOMINATION DOCUMENTS

- Completed Nomination Form
- Letter of Recommendation from Mentor or Clinical Program Director

SUBMIT

Nomination materials by mail, fax or e-mail.

Mail: The Endocrine Society
Attn: Endocrine Trainee Day
8401 Connecticut Avenue, Suite 900
Chevy Chase, MD 20815-5817

Fax: 301.576.7787

E-mail: awards@endo-society.org

REMINDERS

Applicants should not register for the meeting until after the notification date – March 13, 2009.

Nominees and Program Directors will be notified of the results by e-mail by March 13, 2009.

QUESTIONS

Questions about the nomination process may be directed to The Endocrine Society by e-mail at awards@endo-society.org or by phone at 301.951.2611.

TRAINEE INFORMATION

Name (First, Middle, Last): _____

Degree(s): _____

Endocrine Society Member ID#: _____

- I have recently applied for membership in
The Endocrine Society.

Institution: _____

Endocrine Training Program: Adult Pediatric
 Reproductive Basic Science Other (please specify):

_____ (bone, cardiovascular,
hypertension, metabolic/obesity, neuroendocrine, etc.)

Current Level of Training: Graduate Student

Post-doctoral Fellow Clinical Fellow Junior Faculty

Permanent Mailing Address: _____

City: _____

State/Province: _____ Zip: _____

Country: _____

Phone: _____

E-mail: _____

Date of Birth (M/D/Y): _____

Gender: Female Male

In what year of fellowship/training is the nominee? _____

Please select the trainee track you are primarily
interested in attending:

Basic Clinical (Adult) Clinical (Pediatric)

MENTOR/PROGRAM DIRECTOR INFORMATION

Name (First, Middle, Last): _____

Institution: _____

Department: _____

Phone: _____

Member ID (if applicable): _____

E-mail: _____

- Yes, I have enclosed a one-paragraph recommendation as to why this trainee would benefit from attending the Endocrine Trainee Day at **ENDO 09**.

- I certify that the individual named above is actively enrolled in our endocrine training program and that the information provided above is accurate and valid.

Mentor/Program Director Signature: _____

_____ Date: _____