

ASA Resident Regional Meeting Grant

Region:	
Primary residency contact name:	
Primary residency contact information	
E-mail:	
Address:	
Phone number:	
List of others involved with organization along with institution and e-mail address:	<ol style="list-style-type: none"> 1. [Name], [e-mail] 2.
Description of meeting location and logistics:	
Proposed date(s) of event:	
Proposed agenda and speakers:	
What geographical location of anesthesia programs is the event is expected to draw from?	
What plans for getting information to target residents exist?	
Total amount requested: (funding is available up to \$1000)	
Funds from sponsoring state society:	
Funds from other sources (specify):	
Purpose of funds:	

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Weight will be given to programs that include resident leadership and attendance from multiple institutions.

Please attach copies of proposed event flyer which mentions ASA and, if applicable, state society sponsorship