

Note: This is a simple form preview. This form may display differently when added to your page based on normal inheritance from parent theme styles. ✕

## Margrét Oddsdóttir, MD TRAVELING FELLOWSHIP AWARD

### Applicant Contact Information

**Primary team member's name \***

First

Last

**Primary team member's email \***

**Phone number \***

**Accompanying team member's name \***

First

Last

**Accompanying Team Member Email \***

**Team Capacity of Accompanying Team Member \***

i.e. physician, o.r. nurse, o.r. tech, etc.

**Primary team member gender \***

- Male  
 Female

**Accompanying team member gender \***

- Male  
 Female

**Best Contact Address \***

Street Address

Address Line 2

City

State / Province / Region

ZIP / Postal Code

Country

**Title of Accepted Abstract for SAGES Annual Meeting \***

**1) Please name 2 to 3 SAGES members whom you would like to meet at the meeting to discuss research or clinical questions. Why did you choose these members? What clinical or research question(s) would you want to discuss? \***

**2) What clinical or research challenges do you face at your institution and how do you anticipate attending the SAGES meeting will help you to overcome them? \***

**3) What else would you like to gain from attending the SAGES meeting?**

Submit this application