



Scholarship Application

Applicants who submit the completed application are eligible to receive a full or partial scholarship to attend the *Summit*. Full scholarships cover registration fees, travel and lodging, as well as reimbursable expenses, while partial scholarships cover registration fees.

Please complete the application along with all requested documentation and return via email to scholarships@epfellowssummit.com. ***A decision on the status of your application will be supplied upon receipt and review.***

1. Name

First Name

Last Name

2. Contact Details (Business Information)

Address 1

Address 2

Country*

State/Province/Region

City

Phone Number

Postal/Zip

Mobile Phone

Email*

3. Professional Details

Degree

Specialty ____ Electrophysiology ____ Cardiology ____ Heart Failure ____ Other

____ (Please add specialty if other selected)

Area of Interest (Please select all that apply)

____ Catheter Ablation

____ Hybrid Ablation

____ Device Therapy

____ Lead Extraction

____ Left Atrial Appendage Closure

____ Antiarrhythmic and Anticoagulation Therapy

____ Translational Research

4. Fellowship Details

Institute

Institute Address

Fellowship Year

Director Name

Director Email

Director Phone

Director Mobile

5. Travel & Lodging

Hotel Reservation: You will receive an email with instructions on how to make a hotel reservation once accepted to the Fellowship Program. Please note that the meeting will cover 3 nights of hotel and coach airfare. Checking in on September 8, 2020 and Checking out September 10, 2020.

Will You Require Hotel Accommodations? ☐ Yes ☐ No

Arrival Date _____

Departure Date _____

Will You Require Travel? ☐ Yes ☐ No

If yes, please specify mode of travel ☐ Air ☐ Train

**Not all applicants are available for complimentary travel and/or hotel.*

I hereby certify that I am currently a fellow in good standing at my institution

☐ Check here to certify

In accordance with the Physician Payment Sunshine Act, scholarships to attend the *Summit* are reportable payments. More information about the Sunshine Act is available at <http://go.cms.gov/openpayments>

Additional Information to include with your application submission

Approval Letter

You must provide a fellowship verification letter signed by your Program Director or Lab Director in order to be eligible for this program.

W-9 Form

Note: Domestic applicants will need to provide a signed W-9 form for reimbursement purposes. You may download a W-9 form here <https://w9form-online.com>

Submission Instructions

Please email your application, verification letter, and W-9 form to scholarships@epfellowssummit.com no later than July 8, 2020.

Questions and Inquiries

Please direct all questions and inquiries to scholarships@epfellowssummit.com