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|  | 宙時魂**Asia-Oceania Federation of Organizations for Medical Physics** [**www.afomp.org**](http://www.afomp.org) |

**19th Asia-Oceania Congress of Medical Physics (AOCMP)**

**28 - 30 October 2019, Perth, Australia**

[www.epsm.org.au](http://www.epsm.org.au)

**TRAVEL AWARDS**

**Goals of the Awards**

1. To assist medical physicists from developing countries in the AFOMP region to attend and present their work at the 19th AOCMP.

2. To foster international co-operation in the field of medical physics between AFOMP member countries.

**The Awards**

1. US$ 500 for each successful applicant from within SEAFOMP countries
2. US$ 800 for each successful applicant from outside SEAFOMP countries

**Mandatory Requirements**

1. The applicant shall be a medical physicist currently practicing in an AFOMP member country.
2. If an applicant is practicing in a country in which there is an AFOMP member organization, the applicant must be a member of that organization.
3. The member organization must be up-to-date with its AFOMP subscription; or be exempted from payment and should not have defaults in payments
4. The applications shall be verified and endorsed by the respective AFOMP member organizations (this condition may be exempted for applicants from countries where medical physics organizations do not exist);
5. The applicant shall submit at least one abstract accepted for presentation at the 19th AOCMP;
6. The applicant must personally give a presentation for which he/she is a first author (Except for underserved regions).
7. The awardee shall register and attend the Congress in person (Awards will be presented and payment made at the Congress closing ceremony); and
8. The awardee shall submit a short report by within two months to the AFOMP Secretary-General and to the awardee’s Medical Physics Association/Society on what was learnt at the Congress and how he/she intends to apply that in his/her own country.

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**Selection Criteria**

Higher priority will be given to the following.

* 1. Applicants from developing countries/areas.
	2. Abstract(s) accepted for presentation at AOCMP 2019. The committee shall get quality assessment scores ( higher quality abstracts) from Scientific Committee of the AOCMP 2019.
	3. The level of responsibility in performing and/or supervising others to perform medical physics service

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* 1. The value to the applicants in promoting medical physics in their institutions/countries in attending the congress

 Physicists in the first five years of their career may be given higher priority.

* 1. Applicants who have less opportunity of attending overseas training/conferences.
	2. Applicants who have not received any AFOMP travel awards before.
	3. Value of attending AOCMP 2019 for applicant and national organization as judged by descriptions put forward by the applicant under the Motivation section.

Number of Awards

The number of travel awards for ICMP2019 is yet to be determined but is expected to be 6-8 depending upon fund.

**Application Procedure**

1. Applicants should complete the application form given below.
2. Complete application form must be sent by email to: Prof. Eva Bezak, Chair of AFOMP Awards & Honors Committee at eva.bezak@adelaide.edu.au before **August 15, 2019.**
3. Applications received shall be considered by the Awards & Honors Committee, whose decision shall be final. Applicants should provide in their applications all relevant information for assessment by the Committee. **APPLICATION FORM FOR THE AFOMP TRAVEL AWARDS**

**19th AOCMP, 28 - 30 October 2019, Perth, Australia**

*Completed applications each with a copy of the submitted abstracts must reach* Prof. Eva Bezak, Chair of AFOMP Awards & Honors Committee at eva.bezak@adelaide.edu.au *on or before* ***15 August 2019***

***1. APPLICANT:***

Country of Practice: ………………………………………………………………………………………………………

Given Name: …………………………………………….. Surname: ……………..…………………………………

Address at Work: …………………………………………………………………………………………………………

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Telephone No : ………………………………… e-mail Address: ……………………………………………….

Present Job Position: …………………………………………………………………………………………………….

Main Duties: ……………………………………………………………………………………………………………….

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Title of Paper/Poster: ……………………………………………………………………………………………………..

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 *(A copy of the submitted abstract must be attached to this application form)*

 Motivation for attending the conference (Attach a separate page if necessary):

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 Details of any AFOMP awards received previously : ..…………………………………………………………….

 Signature of Applicant: ………………………..……………….………… Date: ………….………………………….

***2. ENDORSEMENT OF APPLICATION BY AFOMP NATIONAL MEMBER ORGANIZATION:***

Name of AFOMP Member Organization: …………………………………………………………

Name of Official:…………………………………Position in Organization: ……………………

Correspondence Address: …………………………………………………………………………

…………………………..…………………………… e-mail Address:……………………………

Comment on the Application: ……………………………………………………………………..

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Is the applicant a member of your organization? Yes/No (delete as appropriate)

Signature of Official: ……………………..………….. Date: …………………………………