



## ACM 2009 Medical Student Program Application Form

**Deadline date: Friday April 3<sup>rd</sup>, 2009 - Limited Space: 50 Medical Students\***

### **General Information** (please print clearly)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: (MANDATORY): \_\_\_\_\_

University: \_\_\_\_\_

Department Chair: \_\_\_\_\_

Medical School Year (indicate Med 1, 2, 3 or 4): \_\_\_\_\_

I have **never** attended a prior ACM Medical Student Program:  Yes  No

### **Membership status**

I am a member of the SOGC:  Yes  No

SOGC ID# \_\_\_\_\_ Member since: \_\_\_\_\_

### **Accommodation Subsidy** (please check one of the following)

- I will require the accommodation subsidy
- I will not require the accommodation subsidy

### **Travel Subsidy** (please check one of the following)

- I will require the travel subsidy based on my departure location (place of residence)
- I will not require the travel subsidy

### **Essay**

- My essay on: "Why am I soooooo interested in OBGYN?" is attached.

### **ACM Registration form** (Mandatory: Current credit card information must accompany your ACM registration form)

- ACM Registration form is attached. Please ensure that you choose all other sessions you wish to attend at the ACM outside of the Medical Student Program

**If you are not accepted into the Medical Student Program, do you still wish to attend the ACM at your cost?**

- Yes  No

Please return completed form to Linda Kollesh by email [lkollesh@sogc.com](mailto:lkollesh@sogc.com)  
or by fax at (613) 730-4314.