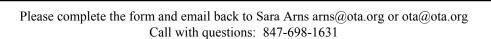


Orthopaedic Trauma Association Spring 2019 Residents Comprehensive Fracture Course Scholarship Application

1) Participant Name		
2) Residency Inform	ation	
PGY Year:		
Residency Program:		-
Program Director:		-
3) I understand that I will be responsible for making any and all reservations for the OTA residents course, including travel, hotel and course registration. Scholarships are limited to North American Residents only. I will be responsible for submitting an expense report to OTA following the course for incurred costs covered in Scholarship. Scholarship funding of up to \$725 may be used to offset travel expenses or course registration, food and beverage will not be covered. Receipts will be required with the expense report. I Agree: I Disagree:		
4) I certify this inform	mation is complete and accurate.	
Printed Name:		
Date:		
Signature:		
Contact Information: (email or phone)		
The OTA acknowledges Acelity, Globus Medical, Smith & Nephew, and Zimmer Biomet for their generous scholarship support. ZIMMER BIOMET		



Acelity^{*}

smith&nephew