The American Orthopaedic Society for Sports Medicine

2017 AOSSM TRAVELING FELLOWSHIP HOST APPLICATION

Please consider me/my institution as a potential Traveling Fellowship Host. I understand that the Traveling Fellowship Committee will review my application. I also understand that I may not be selected as a host. If I am selected, I agree to assume lodging, meals, local transportation, entertainment, and associated costs (please note that each hosting site is given a very small stipend to help offset some of the costs). I also agree to at least 3 hours free time, per day so fellows may exercise, contact family, read emails, etc.

Name of Host(s): _____
Institution or Facility: _____
Address: _____
City, State: _____
Phone: _____ Fax: _____ E-mail: _____

Name of Tour Coordinator: _____
It is highly recommended that you have a coordinator that can work with the Society office on this tour.
Coordinator Email: _____

____I am a former Traveling Fellow/Godparent. _____Year
____I have hosted before. _____ Year(s)

Please detail why you would like to host the Traveling Fellows
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Please indicate on the line below any three or four day period from July 1st – July 19th, 2017 when you will be **unable** to host the fellows: _____

Please attach a sample itinerary for your site so that the Committee can adequately review your application.

Please return this form to Debbie Czech in the Society Office by December 1, 2016 via email at Debbie@aossm.org or by fax to 847-292-4905.