



## Massachusetts Society of Anesthesiologists, Inc.

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# Scholarship Agreement

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## *ASA ADVANCE Conference*

**PLEASE REVIEW THE FOLLOWING TERMS OF THE AGREEMENT AS A CONDITION OF REIMBURSEMENT.**

**IT IS YOUR RESPONSIBILITY TO COMPLY WITH THE FOLLOWING:**

You must attend the entire Conference (Friday-Sunday).

After the conference is over, you must provide a conference assessment statement. Describe how the conference benefited your career development and provide at least two follow-up steps you intend to take to further your career development (approximate length is two-three paragraphs).

*Reimbursement will not be processed until this is submitted.*

In order to process the payment, you must complete the provided reimbursement form along with itemized airfare, hotel, and transportation receipts by the provided deadline date.

Failure to follow these requirements may result in a delay in your reimbursement or a denial of your request for reimbursement.

I, \_\_\_\_\_, acknowledge that I have read and understand the MSA Scholarship Acceptance Agreement and consent to comply with the requirements, attendance, and process related to requesting reimbursement. I understand that my failure to comply with the requirements, attendance, and process related to reimbursement may result in a denial of my reimbursement. I understand that if I do not attend the mentioned conference, for any reason, I will not be eligible for reimbursement of any expense related to the conference.

Signature:

Date:

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