



Massachusetts Society of Anesthesiologists, Inc.

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Scholarship Agreement

ASA Legislative 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 (starting Monday afternoon thru early Wednesday afternoon) as well as any scheduled congressional hill meetings with lawmakers, lasting until 2:00 pm approximately on Wednesday.
- 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: _____
