

## Travel Stipend Application

RD<sup>3</sup> Learning Institute:  
Food Allergy: The Spectrum of Disease, its Diagnosis and Management  
March 8, 2016 in Los Angeles, CA

Travel stipends will be awarded on a rolling basis until funds are no longer available or the deadline has passed. All Applications must be received prior **February 15th, 2016**. Please email completed forms to [marion.groetch@mssm.edu](mailto:marion.groetch@mssm.edu).

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

License or Registration #: \_\_\_\_\_

Email: \_\_\_\_\_ Business Phone #: (\_\_\_\_) \_\_\_\_\_

Employer/Affiliation/Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Present position (title) and brief description of your job role/responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long have you been a licensed healthcare provider? \_\_\_\_\_ (years)

Do you have experience working with patients who have food allergy? \_\_\_ Yes \_\_\_ No

Duration of work experience managing patients with food allergies: \_\_\_\_\_ (years)

What age patient population do you work with? (Select one) \_\_\_ Pediatrics \_\_\_ Adults \_\_\_ Both

Please provide a brief statement explaining why you would like to attend this course:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What question/issues would you like addressed in this course? Please state:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have educational materials you use and are willing to share? \_\_\_ Yes \_\_\_ No

If yes, you will be asked to submit an electronic version of these materials after registering for the course.



**INDANA**  
International Network for  
Diet and Nutrition in Allergy



American Academy of  
Allergy Asthma & Immunology