



**10th Annual ACCP Community Asthma and COPD Coalitions Symposium
CHEST 2008
October 29 and 30, 2008
Philadelphia, Pennsylvania**

Travel Scholarship Application

Which scholarship are you applying for (please check one):

- Asthma
- COPD

Coalition: _____

Coalition Chair or Executive Director: _____

Name of Representative: _____

(ACCP members not eligible)

Position: _____

Address: _____

City, State Zip: _____

Phone: _____ Fax: _____

E-mail Address: _____

Description of Coalition - Please include information on your coalition activities, population covered, primary sources of funding, and approximate annual budget (If you need more space please attach additional sheets):

What coalition activities would you be able to present on at the Networking Poster Reception? (If you need more space please attach additional sheets):

Office use only: _____/_____

In what way does your coalition address environmental issues relating to respiratory health? (If you need additional space please attach additional sheets):

Signature of Coalition Chair or Executive Director: _____

Date: _____

Return this form via fax by Friday, July 11, 2008 to:

Beth Corey

American College of Chest Physicians

3300 Dundee Road

Northbrook, Illinois 60062

Telephone: (847) 498-8366

Fax: (847) 498-5460

E-mail: bcorey@chestnet.org

Applications must be received by Friday, July 11, 2008

Office use only: _____/_____