



AMERICAN ACADEMY
of OPTOMETRY
ARIZONA CHAPTER

Resident Travel Fellowship Application

Name: Telephone:

Address: Email:

Name & Affiliation of Residency Program:

Are you a member of the American Academy of Optometry? YES NO

Provide a brief description of your involvement in the Academy:

(e.g., Student Fellow, considering becoming a Candidate for Fellowship, etc.)

Provide a brief description of your anticipated participation at the Annual Meeting:

(e.g., poster/paper presentation at Residents Day or the scientific program, volunteer, etc.)

What do you see as benefits of being a Fellow in the Academy?

Recommending Residency Coordinator:

Name

Signature

Email this form along with proof of registration to Academy 2022 San Diego to the Arizona Chapter at arizona.aaopt@gmail.com by the deadline of **August 26, 2022**.