



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 2023 New Orleans to the Arizona Chapter at [arizona.aaopt@gmail.com](mailto:arizona.aaopt@gmail.com) by the deadline of **August 28, 2023**.