

ANNUAL MEETING

November 20–24, 2019 | astmh.org | ajtmh.org | [#TropMed19](https://twitter.com/TropMed19)

GAYLORD NATIONAL RESORT AND CONVENTION CENTER | NATIONAL HARBOR, MD, USA

ASTMH is an international society committed to equity and global impact through the treatment and prevention of tropical infectious diseases. Our diverse membership comes from more than 115 countries... we are committed to the open exchange of ideas, freedom of thought and expression, and productive scientific debate... open and diverse environment that is built on dignity and mutual respect for all... free of discrimination based on personal attributes including but not limited to ethnicity, color, national origin, age, religion, socioeconomic status, disability, sexual orientation, gender, and gender identity or expression. ASTMH is an international society committed to equity and global impact through the treatment and prevention of tropical infectious diseases. Our diverse membership comes from more than 115 countries... we are committed to the open exchange of ideas, freedom of thought and expression, and productive scientific debate... open and diverse environment that is built on dignity and mutual respect for all... free of discrimination based on personal attributes including but not limited to ethnicity, color, national origin, age, religion, socioeconomic status, disability, sexual orientation, gender, and gender identity or expression.

ASTMH Young Investigator Award Mentor/Supervisor Form

By April 10: [Upload this form to the Young Investigator Award submission site](#)

Required: This form must be signed by the individual responsible for supervising the applicant's research.

I confirm that (applicant's name) _____
completed the majority of work reported in the abstract as an undergraduate, graduate student or early postdoctoral researcher.

Abstract Number (assigned by abstract submission site) _____

Mentor/Supervisor Information

Mentor/Supervisor Name _____

Mentor/Supervisor Title _____

Mentor/Supervisor Signature _____ Date _____

Mentor/Supervisor Email _____

Applicant Information

First Name _____

Last Name _____

Institution _____

Mailing Address _____

City, State, Postal Code, Country _____

E-Mail _____

Phone _____

Questions? Contact:

Buffy Finn, Member Services Administrator

bfinn@astmh.org

Phone +1-703-650-5830