



ASTMH Young Investigator Award Mentor/Supervisor Form

By April 24: [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 _____

Email _____

Phone _____

Questions? Contact:

[Buffy Finn](#)

Manager, Membership

Phone +1-703-650-5830