Ambassador Nancy G. Brinker Award

Application
Please type or print

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Email |  |
| Mailing Address |  |
| Phone |  | Fax |  |
| Date Submitted |  | Amount Requested  | US$ |
| **Conference Name** | The 2016 San Antonio Breast Cancer Symposium |
| Dates & Location | December 6-10, 2016 San Antonio, Texas |

**Please allow 4 weeks for a decision on your application.**

**How did you hear about us?**    Komen web site    Other:

   Another organization (please specify name):

    Conference (please specify name):

***Only complete applications will be accepted for review***

I. Specifics of participation and benefit to the applicant

II. Statement of financial need

III. Detailed budget in US dollars

IV. Description of how knowledge gained at SABCS would be disseminated upon return to Hungary

V. Did you attend the San Antonio Breast Cancer Symposium in the past? If yes, please indicate when and in what capacity (e.g. attendee, presenter, etc.).