

ONCOLOGY TRAINEE TRAVEL AWARDS

Congratulations on being selected to receive a 2010 Oncology Trainee Travel Award! Please read the following Award Terms, and indicate whether you **Accept** or **Decline** the Award. Please email or fax the form to The ASCO Cancer Foundation, Grants Division, no later than **Monday, April 12, 2010.**

Award Terms & Agreement

Usage of Funds	
<ul style="list-style-type: none"> You will use the award funds to defray the costs of travel to the 2010 ASCO Annual Meeting including economy-class air/train fare, hotel, local transportation and meals. You can use the award funds to purchase ticketed education sessions at the 2010 ASCO Annual Meeting. You must contact The ASCO Cancer Foundation (grants@asco.org) immediately if you decide to cancel your attendance to the 2010 ASCO Annual Meeting. Award funds that have already been issued to you must be returned in full to the Foundation. You are financially responsible for any costs associated with changing or canceling the travel arrangements unless the change is the result of a true emergency (e.g., death or serious injury or illness of the recipient or an immediate family member). 	
Tax Compliance	
<ul style="list-style-type: none"> The check can be made payable to your name or to your institution but <u>only</u> if your institution is another public charity, or is a tax-exempt organization with a section 501(c)(3) tax-exempt status. If the check is made payable to your name, the award will be considered taxable income to you. Please complete an IRS Form W-9, Request for Taxpayer Identification Number and Certification with your personal information, and submit it to the Foundation along with this acceptance form. If the check is made payable to your institution, the award will not be considered taxable income to you. Your institution will be responsible for disbursing the funds to you. Please submit a completed IRS Form W-9, Request for Taxpayer Identification Number and Certification with your institution information, and submit it to the Foundation along with this acceptance form. You also need to submit the name of a contact person at your institution. 	
Required Participation and Reports/Surveys	
<ul style="list-style-type: none"> You are required to submit all requested reports/surveys of the Oncology Trainee Travel Awards program. 	
Do you accept the 2010 Oncology Trainee Travel Award?	<input type="checkbox"/> I Accept <input type="checkbox"/> I Decline
Please make the check payable to:	<input type="checkbox"/> Recipient <input type="checkbox"/> Institution
Address to send the check, if different from W-9:	
Contact Person at Institution (required if the check is payable to the Institution)	
Full Name:	
E-mail:	Phone:
Your Full Name: _____ (Print Name)	
Your Signature: _____ (Sign Here)	