



IOMP Travel Awards

INTRODUCTION

1. The goals of the program are: to assist medical physicists from IOMP member organizations in developing countries to participate in the World Congress on Medical Physics and Biomedical Engineering (IUPESM WC 2015) and help them to become more effective in promoting the advancement of medical physics in their own countries; and to foster international co-operation in the field of medical physics between all member countries of the IOMP.
2. An award of \$1,000 to \$3,000 depending on travel distance shall be made to each successful applicant to partially cover the registration fee and travel expenses to attend the WC2015 in Toronto, Canada.
3. In the past, IAEA has provided full or partial support to some applicants who satisfied the special requirements of the Agency.
4. To be considered for the award, please download this form and submit the application following the instructions.

GUIDELINES FOR FUNDING

Candidates who comply with all the mandatory requirements shall be assessed and scored according to the evaluation criteria shown below.

A. Mandatory Requirements

1. The applicant must be a medical physicist from an IOMP member organization.
2. Application must be submitted through the IOMP national organization by email, or counter signed by the officer.
3. National organization must have paid the IOMP membership dues or exempted from payment.
4. Except for certain regions underserved, the applicant must personally give a presentation for which he/she is a first author.
5. Maximum number of IOMP awards is determined based on the medical physicist population of the country on record. For example, if a country has two IOMP delegates, the maximum number of awards is two.
6. To receive an IOMP award, the applicant must have not received any previous World Congress or ICMP Travel Assistance.
7. After the Congress all awardees shall within two months each submit a short report to the IOMP Secretary-General on what was accomplished personally and on behalf of the national organization, with copies to the same email addresses as the application was sent, including the national organization official.

B. Evaluation Criteria

1. Quality and number of abstracts accepted for presentation at WC2015.
2. Physicists from the least developed countries (where the applicant works) will be given higher priority.
3. Physicists in the first five years of their career may be given higher priority.
4. Value of attending WC2015 for applicant and national organization as judged by descriptions put forward by the applicant under the Motivation section. Applicant is an official of an IOMP national organization or is designated the proxy of the official, or has been invited to give special presentations in WC2015 may be given special considerations.

C. Number of Awards

Eighteen awards were offered in ICMP2013. Number of awards for 2015 is to be determined.

**For information about the WC2015 to be held in Toronto, Canada, please go to <http://www.WC2015.org>.
To submit an abstract, please go to <http://abstracts.webges.com/iupesm2015>.**



APPLICATION FORM FOR IOMP TRAVEL ASSISTANCE PROGRAM 2015

Application form and abstract(s) must reach Doctors Raymond Wu **and** Howell Round on or before
January 1, 2015 by email: RayKWu@gmail.com **and** phys0067@waikato.ac.nz

1. **APPLICANT:**

Country of Residence:		Country where the applicant works:	
First Name:		Surname:	Gender: <input type="checkbox"/> Male / <input type="checkbox"/> Female
Address where the applicant works:			
City:		Province:	Country:
Telephone:		Email:	
<i>We will contact you using this address</i>			
Approximate Round trip airfare to Toronto in USD:			
Title of Presentation(s):			
Motivation for attending the WC2015 (use a separate sheet if necessary)			
Have you ever received previous World Congress Travel Assistance?		<input type="checkbox"/> Yes / <input type="checkbox"/> No	
Number of years working in Medical Physics (excluding training years):			
When did you first start working in Medical Physics:			
Signature of Applicant:			
		Date:	

2. **NATIONAL MEDICAL PHYSICS ASSOCIATION SECTION: to be completed by an officer**

Name of IOMP Member Organization:			
Name of Officer:			
Officer's position in the organization and Address:			
Telephone:		Email:	
Have IOMP membership dues been paid or exempted for 201 ?		<input type="checkbox"/> Yes / <input type="checkbox"/> No	
Is the Applicant a Medical Physicist?		<input type="checkbox"/> Yes / <input type="checkbox"/> No	
Signature of Officer:		Date:	
<i>Not necessary if Officer emails a copy directly</i>			



3. ABSTRACT(S) OF PRESENTATION(S) and NAME(S) OF FIRST AUTHOR(S):
(Abstract should be in the format as specified by WC2015 and submitted online)

4. Please email the full paper accompanying the application before January 1

Have you included the full paper(s) with the application? Yes / No