WESTERN CLINICAL NEUROPHYSIOLOGY SOCIETY

SHEV AWARD APPLICATION

Please type or print

Applicant's Name _____
Last First Mi

Training Program _____

Address _____

_____

Work phone _____ Fax _____

Email _____

Sponsor's name _____

Medical School _____ Year Completed_____

Neurology Residency _____

EEG/Epilepsy Fellowship _____

Special Topics of Interest _____

Signature _____Date _____

Deadline - December 15, 2007

Fax form to Karen Krentler (310) 559-3891