



CEH Member

Non-member

ANNUAL MEETING SCHOLARSHIP APPLICATION

Date and Location of Charles E. Henry Conference:

Personal Information

Member Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ E-mail: _____

Employment Information

Present Employer: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Work Phone: () _____

*** Please check box next to your preferred address for correspondence regarding this scholarship**

EEG/Electroneurodiagnostic Education: _____

EEG/Electroneurodiagnostic Work Experience: _____

How many years have you been a member of the Charles E. Henry Society? _____ years

Have you attended CEH annual meetings in the past? Yes No

If yes, when and where? _____

Please check the areas that apply to your financial ability to attend meetings:

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>My employer pays nothing to cover my expenses</i> |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>My employer pays for my time away from work</i> |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>My employer pays course/meeting registration fees</i> |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>My employer pays travel expenses</i> |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>My employer pays hotel room costs</i> |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>My employer pays a per diem of \$ _____</i> |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>My employer pays a maximum of \$ _____</i> |

