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## THE WESTERN SOCIETY FOR PEDIATRIC RESEARCH

E-mail: [WSPR@hsc.utah.edu](mailto:WSPR@hsc.utah.edu)

<http://www.aps-spr.org/Regions/WSPR/default.asp>

TAX ID#94-2796477

### Trainee Nomination Form for Membership

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\_\_\_\_\_  
**NOMINEE (TYPE NAME)**

\_\_\_\_\_  
**NOMINEE (SIGNATURE)**

**Current Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number:

\_\_\_\_\_

Fax Number:

\_\_\_\_\_

E-mail Address:

\_\_\_\_\_

**Present position:**

\_\_\_\_\_

Date of completion of medical school or of obtaining professional degree: \_\_\_\_\_

\_\_\_\_\_  
**NOMINATOR (TYPE NAME)**

\_\_\_\_\_  
**NOMINATOR (SIGNATURE)**

Include in a single transmission:

1. Nomination form
2. A letter of recommendation from nominator (see criteria #2)
3. Curriculum vitae or NIH biosketch of nominee

**Nomination deadline:** Accepted and evaluated throughout

the year. Please send nomination material to: [wspr@hsc.utah.edu](mailto:wspr@hsc.utah.edu)