International Airway Management Society (IAMS) Wellead Young Scholars Travel Award for WAMM 2025

**Application Form**

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| --- | --- | --- | --- |
| Name |  | Nationality |  |
| Gender |  | age |  |
| Professional Title |  |
| Institution |  |
| Address |  |
| Telephone |  | Fax |  |
| Email |  |
| EducationBackground |  |
| Employment |  |
| WAMM2025Abstract | Copy submitted WAMM2025 abstract here |
| Publications in journal, international conference abstracts: |
| Achievement of education and training, research in airway management: |
| Additional application supporting materials and comments: |