**Application for WE Young Investigator Award Face Page**

PRINT OR TYPE:

Name:

Highest Degree:       Date Earned:

Current Department or Division

Current Institution:

Work Address:

Phone:       FAX:       Email:

Present Position:       Date Appointed:

If in-training (grad student, post-doc., clinical fellow), name of mentor:

Member of WE?

 You (choose one) [ ]  YES [ ]  NO Your Mentor (choose one) [ ]  YES [ ]  NO

*To be eligible for a WE YIA, you or your mentor must be a current member of WE. To join WE, visit our membership page.*

Are you a member of The Endocrine Society?

 (choose one) [ ]  YES [ ]  NO

Have you previously received a WE Young Investigator award?

 (choose one) [ ]  YES [ ]  NO If so, what year(s):

Abstract Category:

 (choose one) [ ]  Clinical Research [ ]  Basic Science Research [ ]  Clinical Case Report

Description of Research Area:

Title of Abstract\*:

\*You must include a copy of your abstract with your submission

Abstract selected for presentation as (choose one): [ ]  Oral [ ]  Poster

Date and session of presentation: