



**CANADIAN SOCIETY OF ATHEROSCLEROSIS,
THROMBOSIS AND VASCULAR BIOLOGY**

**SOCIÉTÉ CANADIENNE D'ATHÉROSLCÉROSE,
DE THROMBOSE ET DE BIOLOGIE VASCULAIRE**

CSATVB M. DARIA HAUST RESEARCH AWARD

Please complete this form

Applicant's name:

Faculty appointment:

Department:

Street address:

.....

City:Province:

Postal code:Phone:

Fax:Email:

Title for the proposed project:

Please check the appropriate sentence:

I am currently an associate member of CSATVB in good standing

I submitted an application for CSATVB membership prior to Sep 1 of the current year

I have held my first faculty appointment since:/...../..... (month / day / year)

.....

I have read and I understand the rules related to the CSATVB 'M. Daria Haust Research Award'

Applicant's signature: Date:

Please return this application, before Sep 1, to Dr. Scott Heximer, Chair, CSATVB Education Committee, Canadian Society of Atherosclerosis, Thrombosis and Vascular Biology, Dept of Physiology, University of Toronto Medical Sciences Building, Room 3334, 11 King's College Circle, Toronto, ON M5S 1A8."