



APHL Overdose Training and Travel Award Application

Please check the box if your Laboratory Director was made aware of this application.

Contact Information

Applicant Name:

Applicant Job Title:

Applicant Phone:

Applicant E-mail:

Supervisor Name:

Supervisor Job Title:

Supervisor Phone:

Supervisor E-mail:

Organization:

Laboratory Director:

Training/Conference Information

Name of Training/Conference:

Description:

Location (City,State):

Dates (mm/dd/yyyy):

Course/Registration Costs:

Estimated Travel Costs:

Applicant Responsibilities (Please describe your role, responsibilities, and experience in the lab):

Applicant Need for Award (Briefly explain your need for an award):

Please email your completed form to eh@aphl.org with the subject line: **Overdose Training and Travel Award**