



# The Society of Neurological Surgeons/RUNN Resident Award

Deadline January 15, 2017

## APPLICATION FORM FOR ATTENDEES OF THE RUNN COURSE ONLY

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Office Address \_\_\_\_\_

Training Program \_\_\_\_\_ Current Year of Training PGY \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

\*\*\*\*\*  
Project Title: \_\_\_\_\_

1. Provide A brief summary of the **Proposed Research**, as follows
  - a) Pertinent background and rationale (0.5-1 page)
  - b) Hypothesis and objectives (0.5 page)
  - c) Outline of experiments planned (1.5-2 pages)
  - d) Budget (0.5-1 page). List only expenses of proposed research up to \$5,000 (**no travel, indirect costs, or salary permitted**). Award checks are issued to resident's program

**ATTACH ABOVE AS SEPARATE SHEETS** (do not exceed 4 sheets)

2. Dates of laboratory rotation for proposed research: \_\_\_\_\_
3. What is your clinical commitment during this period (I.e., clinic OR call coverage)? \_\_\_\_\_

**A written summary of the research accomplished will be required at the completion of the research period.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

### PROGRAM CHAIRMAN

I certify that the above individual is a resident in good standing in the neurosurgical training program at \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please mail an original signed copy and email a PDF file of the complete application to:**

**Mail to:** Robert M. Friedlander, MD  
UPMC Presbyterian, Suite-B400  
200 Lothrop Street  
Pittsburgh, PA 15213  
**email:** friedlanderr@upmc.edu