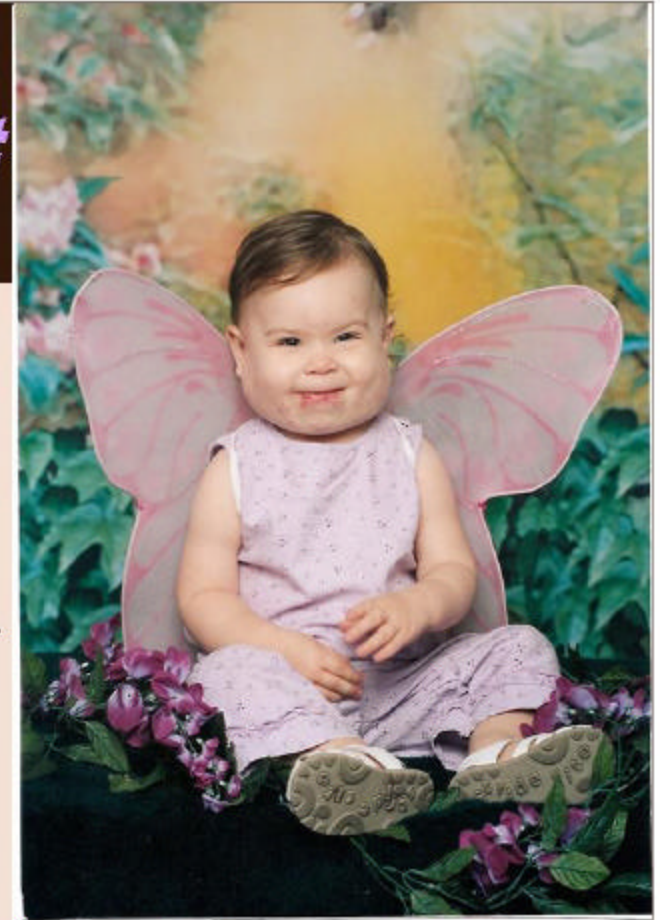


The VBF Abby Czirr Physician Education Grant Application

Applicant (First, Last Name) _____
Address _____
City _____ State _____ Zip _____
Country _____ Email _____
Telephone (w) _____ (c) _____
Date of Application _____
Month/Year you can travel for training _____
Current Practice Specialty _____
Address for current practice _____
What is your interest in vascular birthmarks? _____

Who will benefit from this grant if you are selected? _____



Note: This \$5,000 grant has been established in memory of Abby Czirr and is intended to provide financial assistance to a physician seeking to learn the current diagnosis and treatment information for vascular birthmarks and tumors. It will assist in funding travel, lodging, and expenses related to the period of study. All recipients must provide a written report to VBF within 60 days of completing training. An Award Committee will determine grant recipients. Training duration will vary depending on physician availability but typically consists of one to two weeks of clinical and treatment observation in a multi-disciplinary vascular birthmarks treatment center.