

**APPLICATION FORM
FRESHWATER MOLLUSK CONSERVATION SOCIETY (FMCS)
REGIONAL MOLLUSK MEETING ASSISTANCE AWARD**

Applicant's Name _____

Agency or Organization _____

Mailing Address _____

TEL _____ FAX _____ E-Mail _____

Name of Regional Mollusk Meeting _____

Location and Date(s) of Regional Meeting _____

Number of Attendees Anticipated _____

Please certify to the following conditions by signing below:

1. I certify that I am current member of the FMCS **or** have paid my membership dues prior to submitting this application.
2. I certify that I will use the monetary award for the sole purpose of facilitating the Regional Mollusk Meeting named above.
3. I certify that I will submit a short summary report (one page or less) on the Regional Mollusk Meeting, accompanied by the agenda and a list of the attendees, (and meeting minutes and presentation abstracts, if available) to the Awards Committee Chair and to the Editor of the FMCS Newsletter *Ellipsaria* within one month following completion of the meeting.
4. I certify that I am willing to promote the FMCS, and specifically its assistance in the partial sponsorship of the Regional Meeting, and encourage any non-FMCS attendees to join the FMCS.
5. I understand that my failure to submit the mandatory summary report and associated information stated above will result in ineligibility for the named regional group to receive another Meeting Assistance Award during a subsequent two year period.

Applicant's Signature _____ Date _____

SUBMIT APPLICATION BY E-MAIL TO:

Dr. David Hayes
FMCS Awards Committee
Eastern Kentucky University
E-mail: David.Hayes@eku.edu

DEADLINE FOR RECEIPT: Two Months Prior To Regional Meeting