

**Annual
Scientific
Meeting** | **13-15
October
2010**



Gowers' Awards 2010 – ENTRY FORM

Name:

D.O.B.....

Address (Telephone No. and Email):

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“MOTTO” FOR IDENTIFYING ESSAY:

.....

ESSAY TITLE:

.....

Entry for Young Physician/Medical Student/Nursing & Health Professional Categories

(please delete where inapplicable).

I certify that I satisfy the entry requirements for the competition in that:

- (a) I will not be more than 35 years of age on December 31st, 2010
(young physician)
- (b) I am a bona fide medical student on 31/12/10
- (c) I am a registered nurse
- (d) I am a student or registered health professional

YOUR ENTRY FORM MUST BE CONTAINED IN A SEALED ENVELOPE WITH THE “MOTTO” ON THE OUTSIDE. MAKE SURE THE “MOTTO” IS ON YOUR ESSAY – NOT YOUR NAME.

Signed: