

**AANS/CNS Joint Section on Disorders of the Spine and Peripheral Nerves  
Application for Research Award**

**Cover Sheet**

**Title of Proposal:**

**Application Information:**

Name:

Address:

Phone:

Fax:

Email:

**Current Status:**

- ☐ Neurosurgery Faculty
- ☐ Orthopedic Faculty
- ☐ Neurosurgery Fellow
- ☐ Orthopedic Fellow
- ☐ Neurosurgery Resident
- ☐ Orthopedic Resident

Note: Applicants must be a member of the AANS/CNS Joint Section on Disorders of the Spine and Peripheral Nerves, in active practice or active training in the United States or Canada. For membership application please apply at [www.spinesection.org](http://www.spinesection.org).

**Applicant Signature:**

**Date:**