

**TACME Scholarship Application for
2010 Texas CME Conference
Austin, Texas
June 23-25, 2010**

Last name	First name	MI
------------------	-------------------	-----------

Mailing address: Street	City	State	Zip
--------------------------------	-------------	--------------	------------

Daytime phone number (with area code)	E-mail address
--	-----------------------

Employer (must be a CME provider organization)

Present position with organization

I have been employed by this organization since (month/year): _____

TACME Region where employed (check one): Northeast South Southeast West

TACME Member since: _____

Why are you applying for the TACME scholarship? Describe the basis of the need for why you should receive it and how you will benefit from this.

Completed form must be submitted by **May 3, 2010**. Send via email to Debra.Jorden@cookchildrens.org or via fax to 682-885-6140. For questions contact Debra Jorden, TACME Secretary, at 682-885-7961.