

**2020 Application: Norman P. Salzman Memorial Awards in Basic and Clinical Virology**

***Application Deadline: Monday, September 21, 2020, 5:00 PM ET.***  
Email application to [SalzmanSymposium@mail.nih.gov](mailto:SalzmanSymposium@mail.nih.gov).

Eligible candidates are Postdoctoral Fellows, Graduate Students, and Post-Baccalaureate trainees working in intramural NIH, FDA, Fort Detrick Laboratories, LEIDOS, USDA or USUHS laboratories.

The application abstract must cover research **conducted only during one of the indicated eligible positions**, under the mentorship of one or more scientists in an intramural NIH, FDA, Fort Detrick Laboratories, LEIDOS, USDA or USUHS laboratory. Award selection will be based upon the quality and significance of the applicant's research contribution to the field of basic and/or clinical virology, with special emphasis upon the creativity and the rigor with which the research has been performed, as well as the quality of relevant publications. Applicants who applied in previous years but were not awarded are encouraged to resubmit.

The winning postdoctoral fellow will receive a plaque and an award of \$2,500. The winning graduate student/post-baccalaureate trainee will receive a plaque and an award of \$1,000. The winners will give talks during the symposium while selected other applicants will be invited to present posters.

**Applicant**

Name:

Phone:

E-mail:

Affiliation:

Address:

Post-secondary degrees, dates awarded, and institutions (if applicable):

Verification of the following two points is required (indicate Yes):

I agree to present a talk or poster if selected.

I confirm that the research was **conducted only during one of the indicated eligible positions**, under the mentorship of one or more scientists in an intramural NIH, FDA, Fort Detrick Laboratories, LEIDOS, USDA or USUHS laboratory.

**Mentor**

*As verification of mentor approval, the application email must be copied to the mentor; the mentor may be contacted for information regarding in-press manuscripts.*

Name:

Phone:

E-mail:

Affiliation:

Address:

**Abstract title:**

**Abstract:** *400 words maximum. Work must be published or in press. For work that is in press, please attach official confirmation from the journal. Insert additional pages as needed, or use "additional notes" page at end of document.*

**Applicant's publications related to the submitted abstract:** *Please list only publications (published or in press) that are relevant to the work described in the abstract and were conducted under the indicated mentor. Please provide PDFs of the relevant published articles and manuscripts in press. Insert additional pages as needed, or use "additional notes" page at end of document.*

**Applicant's relevant meeting presentations:** *Please indicate oral or poster. List only presentations under the indicated mentor that are relevant to the work in the abstract. Insert additional pages as needed, or use "additional notes" page at end of document.*

**CV**

Please note you must attach your full CV when submitting this application.

My CV is attached.

**Additional Notes:**

OMB No.: 0925-0740  
Expiration Date: 07/31/2022

Collection of this information is authorized by The Public Health Service Act, Section 411 (42 USC 285a). Rights of participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from registering at any time. Refusal to participate will not affect your benefits in any way. The information collected in this registration will be kept private to the extent provided by law. Names and other identifiers will not appear in any report of the meeting. Information provided will be combined for all participants and reported as summaries. You are being contacted by email to complete this instrument so that we can adequately plan for the meeting.

Public reporting burden for this collection of information is estimated to average 7 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0740). Do not return the completed form to this address.