

UNITED STATES and CANADIAN ACADEMY of PATHOLOGY

APPLICATION FOR THE BENJAMIN CASTLEMAN AWARD

Paper Title & Journal Reference: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Work Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

Degree: \_\_\_\_\_

Dates, Places, and Positions of Postgraduate Training: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's role in investigation if other than first author: \_\_\_\_\_  
\_\_\_\_\_

Supporting information (optional - provide only if you feel it is necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sponsor (optional): \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Submit form and 15 reprints (or preprints) of paper to the Academy address on the reverse.