**BEST PAPER AWARD APPLICATION FORM**

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| **Return** | ***Fill in, print and sign where required before submitting application.*** |
| By e-mail: | secretary@ascsa.org.au  |

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| **Paper Title:** |  |
|  |  |
| **Title:** |       |  |  |
| **Given Names:** |       |
| **Surname:** |       |
| **Address (Mail)** |       |
|  |       |
|  |       |
| **Telephone:** |       | **Mobile:** |       |
| **E-mail:** |       |

I declare that I have read and I accept the rules for this award.

|  |  |  |  |
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| **Signature of award applicant** |  | **Dated (dd/mm/yy)** |       |