WORLD ASSOCIATON FOR BRONCHOLOGY AND INTERVENTIONAL PULMONOLOGY

WABIP AWARDS APPLICATION FORM

FOR

THE GUSTAV KILLIAN CENTENARY MEDAL

The Killian Medal recognizes accomplished senior bronchologists whose career achievements and clinical practices have made a significant impact on the art and science of bronchology

Application Submission Deadline:

JULY 14, 2024

GUSTAV KILLIAN CENTENARY MEDAL APPLICATION FORM

(Please complete this form electronically using Adobe Acrobat, Adobe Reader, or Foxit PDF Reader)

Candidate Information:

First Name: _____ Last Name: _____

WABIP Member Society: _____

Institution (if applicable): _____

Mailing Address: _____

Postal Code: _____ Country: _____

Email Address: _____ TEL: _____

In order to be eligible for consideration for the Killian Centenary Medal, the candidate must:
(Please be sure all boxes are checked and files are submitted. Incomplete applications will be rejected.)

- ☐ Be a member of the WABIP in good standing
- ☐ Be nominated (by peer or self)
- ☐ Submit a curriculum vitae
- ☐ Submit one photograph of the candidate
- ☐ Submit completed Killian Centenary Medal application form (this form)

AGREEMENT: As a condition of the WABIP Awards process, I hereby allow all information contained in this application form to be reviewed by the WABIP Awards Committee.

Name of candidate: _____ Email address: _____

Signature of candidate: _____
(Please type your name in the above signature field. Receipt of this completed application form from your e-mail address is proof of signature.)

Date: _____

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JULY 14, 2024

EMAIL COMPLETED APPLICATION FORM AND SUPPORTING DOCUMENTS TO
CONTACT@WABIP.COM