



**International Myeloma Society (IMS) and Paula and Rodger Riney Foundation  
Translational Research Grant Application—2023**

---

Applicant Name Degree

---

Present Title

---

Mailing Address

---

E-mail address

---

Telephone Number Fax

---

Title of Proposed Research

---

Institution

---

Institution PI Title

---

Co-PI (if applicable) Title

---

Applicant Signature Date

---

Individual Authorized to Sign for Institution Title Date