

**THE AMERICAN LARYNGOLOGICAL,  
RHINOLOGICAL AND OTOLOGICAL SOCIETY, INC.  
aka THE TRIOLOGICAL SOCIETY  
555 North 30th Street, Omaha, NE 68131  
Phone: 402-346-5500 Email: info@triological.org**

**TRIOLOGICAL SOCIETY CAREER DEVELOPMENT GRANT  
(C.O.R.E. Grant Mechanism)  
6 MONTH PROGRESS REPORT**

Principal Investigator: \_\_\_\_\_

Institution: \_\_\_\_\_

Title of Project: \_\_\_\_\_

Start Date: \_\_\_\_\_

---

Abstract:

Briefly describe progress in completing the project:

Page -2-

Name of Principal Investigator: \_\_\_\_\_

**What work is currently underway?**

**What work has not yet been initiated?**

**Will you be able to complete this project on time?**

**Clinical Applications, Either Immediate or Potential, of This Research:**

**Other Pertinent Information:**