

TAIWAN SPINE SOCIETY TRAVELLING FELLOW TO KOREA 2025

APPLICATION FORM

| | | |
|---|------------------------------|---|
| Full Name: First Name _____ Last Name _____ | | Passport-size Photograph Electronic Form |
| Date of Birth: _____ | Place of Birth: _____ | |
| Nationality: _____ | Passport No: _____ | |
| Gender: Female / Male | Email: _____ | |
| Home Address: _____ | | |
| Current Hospital Position: _____ | | |
| Current Academic Position: (<input type="checkbox"/> Please Tick) <input type="checkbox"/> Professor <input type="checkbox"/> Associate Professor <input type="checkbox"/> Assistant Professor <input type="checkbox"/> Lecturer <input type="checkbox"/> Ph.D. <input type="checkbox"/> M.D. No. of Certificate: _____ | | |
| Name of Hospital: _____ | | |
| Address: _____ | | |
| Tel: _____ | Mobile phone: _____ | Fax: _____ |
| Basic Medical Degree: Qualification: _____ Medical School/Center: _____ Date of Graduation: _____ | | |
| Postgraduate Orthopaedic Education: Qualification: _____ Medical School/Center: _____ Date of Graduation: _____ | | |
| Spine Training i.e. Fellowship Name of Director: _____ Name of Center: _____ Date and Duration: _____ | | |
| <input type="checkbox"/> Published article(s) <input type="checkbox"/> Oral Presentation(s) <input type="checkbox"/> Poster Presentation(s) <input type="checkbox"/> Please Write the Number How many years or months of experience in spine? <input type="checkbox"/> Months/Years | | |
| Area of interest in spine: 1. _____ 2. _____ 3. _____ | | |
| I hereby declare that the information given above is true and genuine. | | |
| Signature: _____ | | Date: _____ |

Complete and send this form along with the required documents to:

TAIWAN SPINE SOCIETY SECRETARIAT Email: taiwanspine2024@gmail.com