

## TAIWAN SPINE SOCIETY TRAVELLING FELLOW TO KOREA 2025

## APPLICATION FORM

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

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

TAIWAN SPINE SOCIETY SECRETARIAT   Email: [taiwanspine2024@gmail.com](mailto:taiwanspine2024@gmail.com)