

Application Form:

2015 / 2016 APPOS Traveling Fellowships.

Name: (FAMILY, First, Initials):

Snail Mailing address:

Email address:

Cell phone:

Institution/ Current practice Address:

Institutional Fax:

Training details:

Primary Medical degree and year:

Orthopaedic Degree and year:

APOA membership Letter of good standing:

Please enclose pdf copies of the documents above.

Other qualifications:

Present Practice: I am a trainee / orthopaedic specialist.

I would like to participate in the Fellowship because:

I _____ agree to abide by the requirements of the Paediatric Section of the APOA with respect to this Fellowship. I have been full member of the APOA for more than 1 year / am a life member of the APOA. I will participate in all the organized activities. I will arrange for all necessary visas with documentation from the Secretariat.

The following will vouch for my bona fide status as a practicing orthopaedic surgeon and for my training.

Referee 1:

Institutional email:

Relationship:

Referee 2:

Institutional email:

Relationship:

Signature: