

THE JAPANESE ASSOCIATION FOR THORACIC SURGERY

The Japanese Association for Thoracic Surgery

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**APPLICATION FOR ASIAN FELLOWSHIP**

**Instructions: The application form should be filled in completely and accurately.**

 **The information requested should be either typed or written in ink in block capitals.**

 **When additional space is needed, a separate sheet should be used and attached in copies.**

**Application form submitted to: The 77th Annual Meeting Secretariat**

 **Mail: jats2024-abs@congre.co.jp**

**A. Background data concerning the candidate**

|  |
| --- |
| **Abstract Number:** |
| **Family name (surname)** | **First name and middle name** | **Nationality** | **Sex** |
| **Permanent address** | **TEL:****E-mail:** |  |
| **Place of work****Business address** | **TEL:****FAX:****E-mail:** |  |
| **Mailing address (if different from above)** | **TEL: (if different from above)****E-mail:** |
| **Date of birth** | **Country and place of birth** |

**B. Education**

|  |  |  |
| --- | --- | --- |
| **Name, place and country of educational establishments** | **Degrees, diplomas** **Indicate main subjects** | **Date obtained** |
| **Post-secondary, university, or equivalent** |  |  |
| **Post-Graduate school (if applicable)** |  |  |

**C. Post-graduate training**

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| **Institution and subspecialty** | **Term** |
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**D. Board Certification**

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| **Board certification** | **Date obtained** |
| **Board Certified Surgeon (if applicable)** |  |
| **Board Certified Cardiovascular Surgeon (if applicable)** |  |
| **Board Certified Thoracic Surgeon (if applicable)** |  |
| **Board Certified Esophageal Surgeon (if applicable)** |  |

**E. Sponsorship**

**Reference person**

**Institution:**

**Name:**

**E-mail address:**