



## Asian Association for Dynamic Osteosynthesis

### 2004 Scholarship Application Form – (for Nurses Members)

Title \_\_\_\_\_ Surname \_\_\_\_\_ Given Name \_\_\_\_\_

Membership No. \_\_\_\_\_ Membership Year (If Known) \_\_\_\_\_

Hospital : \_\_\_\_\_ Rank : \_\_\_\_\_ Present working place : \*Ward/ OT/ Others \_\_\_\_\_

Experience in O.T. : \_\_\_\_\_ years / Orthopaedic Unit : \_\_\_\_\_ years

Correspondence Address :

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Day-time Contact Tel. No. : \_\_\_\_\_ Email : \_\_\_\_\_

**Contribution to AADO Educational Activities (Please list course names and dates):**  
(Please use extra paper if needed)

**Organizer / Coordinator**

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**Lecturer/Speaker/Table Instructor**

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**Moderator / Facilitator / Helper / Mentor**

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**Preference of meetings wish to attend (Meetings will be assigned to the successful applicants according to a scoring system, their preference and the quotas available):**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_