



Asian Association for Dynamic Osteosynthesis

2007 Scholarship Application Form (for surgeon members) (Submit together with a brief CV)

Title _____ Surname _____ Given Name _____

Membership No. _____ Membership Year (If Known) _____

Institution : _____

Mailing Address : _____

Postal Code

Country

Tel. No. : _____

Fax No : _____ (Important)

Email : _____ @ _____ (Important)

Preference of meetings wish to attend :

1) _____

2) _____

3) _____

To :

The Secretariat

Asian Association for Dynamic Osteosynthesis

C/o Orthopaedic Learning Centre

1/F, Li Ka Shing Specialist Clinic, North Wing

Prince of Wales Hospital

Shatin

HONG KONG, SAR

Telephone : (852) 2632 3482

Fax : (852) 2647 7432

Email : secretariat@aado.org