



Asian Association for Dynamic Osteosynthesis

2010 AADO 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, N.T.

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