



Application Form

THKS Arthroplasty Visiting Fellowship

Full name (in block letter):

Gender: Female / Male

Passport no:

Nationality:

Date of birth:

Place of birth:

Email:

Home address:

2 x 2

Position/Institution:

Institution address:

Tel:

Fax:

Area of interest in Hip and Knee:

1.

2.

3.

I hereby declare that the information given above is true and genuine.

Signature:

Date:

Complete and send this form along with the required documents to:

Thai Hip & Knee Society 4th floor, the Royal Golden Jubilee bldg.,
2 soi Soonvijai, New Petchburi road, Huaykwang, Bangkok 10310, Thailand

Tel. 088-7883587, Email: secretarythaihipknee@hotmail.com