

2012 APPES FELLOWS MEETING REGISTRATION FORM

Please complete and return by email (preferred), fax or post to the APPES Secretariat:
appesfellows@willorganise.com.au, Fax: +61 2 4973 6609 or PO Box 180, Morisset, NSW Australia 2264

DEADLINE FOR APPLICATIONS – 28 May, 2012

CONTACT DETAILS

Title:	Surname:	First Name:
Gender: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	Position:	
Institution/Department:		
Postal Address:		
		Postcode:
Country:		
Telephone:	Fax:	
Email:		

Please list your qualifications (eg MD, PhD), education and training.

Institution and Location	Degree	Year (s)	Field of Study

Please list your current position and recent training positions (starting with the most recent to a maximum of 3). Please state your position/title, role, and the length of time at each place:

Position Title	Name of Hospital or Institution and Location	Role (clinical, research, teaching)	Dates

Please summarise briefly your future career plans:

Have you participated in a previous APPES Fellows Meeting? (Please tick) YES NO

If yes, please state below which year/s and which city it was held in:

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Do you have any publications? If so, please complete below:

Total Number of original peer reviewed publications	
Published abstracts (Conference proceedings)	

Please attach a brief CV (maximum 2 pages) - you can list publications and include further details