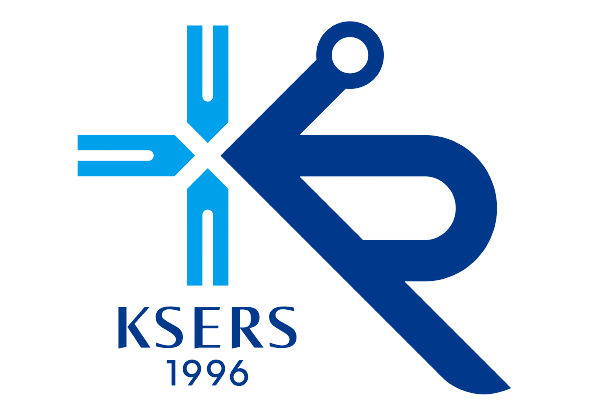
**The Korean Society of Endo-Laparoscopic & Robotic Surgery**

Apex 2F, 30, Bamgogae-ro 1-gil, Gangnam-gu, Seoul, Republic of Korea

Tel +82-2-592-5009 | Fax +82-0504-404-3217

Website [www.ksers.or.kr](http://www.ksers.or.kr) | E-mail[: ksels2010@gmail.com](mailto:ksels2010@gmail.com)

|  |
| --- |
| **KSERS International Training Program Application Form** |

**1. Participant Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | First) Last) | | |
| **Department** |  | **Degree** |  |
| **Affiliation** |  | | |
| **Address** |  | | |
| Zip Code | **Country** |  |
| **Member** | *Please list all the associations you are a member of. (ex: KSERS, ELSA, EAES)* | | |
| **Mobile** |  | **E-mail** |  |

**2. Additional Information**

|  |  |
| --- | --- |
| **Article Published in JMIS** | □ Yes □ No □ I will |
| **Paper Number from JMIS** | *If you have it* |
| **Person who recommend KSERS ITP** |  |
| **Have you ever visited**  **Korea?** | □ Congress of KSERS  □ Others ( )  □ No |
| **Topic (Your area)**  \* Multiple selections available. | □ Upper GI  □ Colorectal  □ HBP  □ Others ( ) |

**3.** **Training Hospitals**

|  |  |  |
| --- | --- | --- |
| **1st Preference** | Hospital) | P.I.) |
| **2nd Preference** | Hospital) | P.I.) |
| **3rd Preference** | Hospital) | P.I.) |

**4. Notes**

1) I am applying to this KSERS ITP program and will register in the congress. □ Agree

2) When the program is done, I will write and submit a report to KSERS □ Agree

*Title: “Korea Observership: What I experienced in Korea and what I will practice in my country”*

3) The scholarship includes accommodation, transportation, and airfare. □ Agree

4) The term of the observership is 1 month. (April 2025) □ Agree

5) According to P.I.'s schedule, you may not be assigned to the hospital for the dates you choose. □ Agree

**I have read the notes and am applying to the KSERS ITP 2025 Program.**

Date: . . .

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_