**The Korean Association of Hepato-Biliary and Pancreatic Surgery**

**www.kahbps.or.kr**

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| --- |
| **IOTK Application Form** |

**1. Participant Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name\*** | First) Last) | | |
| **Department\*** |  | **Degree\*** |  |
| **Affiliation\*** |  | | |
| **Address** |  | | |
| Zip Code | **Country\*** |  |
| **Member** | □ KAHBPS □ A-PHPBA □ IHPBA | | |
| **Tel** |  | **Fax** |  |
| **Mobile\*** |  | **E-mail\*** |  |

**2. Additional Information**

|  |  |
| --- | --- |
| **Article Published in AHBPS Journal** | □ Yes □ No □ I will |
| **Paper Number from AHBPS** | *If you have it* |
| **Person who recommend IOTK** |  |
| **Have you ever visited**  **Korea?** | □ HBP Surgery Week  □ ISTS  □ Others ( )  □ No |

**3. Schedule Selection**

|  |  |
| --- | --- |
| □ **1st Option** | 1 month from August to September in 2019 including A-PHPBA 2019 in Seoul |
| □ **2nd Option** | 1 month from October to November in 2019 including ACKSS 2019 in Seoul |
| □ **3rd Option** | 1 month from March to April in 2020 including HBP Surgery Week 2020 |

\* Please note you will be required to pay the congress registration fees but will be reimbursed at the conference.

**4.** **Training Hospitals**

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

**5. Notes**

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

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

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

□ Agree

**I have read the notes and am applying to the IOTK 2019 Program.**

Date: 2019. . .

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