**APPLICATION FORM**

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| --- | --- |
| Full name |  |
| Nationality |  |
| Country you are practicing |  |
| e-mailPhone number |  |
| Specialty acquisition (Year) |  |
| Name of Hospital or Clinic you are working(Main institution in case of multiple) |  |
| Please send us a short C.V. as an attached file |  |

* Application for this Course refers only to specialized endoscopists
* Training applies only for advanced endoscopy
* The participation fees are 700 euros
* Number of participants will be very limited (16 per day for 4 towers) in order to ensure a high quality of training

*Please fill out the registration form and send it by e-mail at:* *endoscopyschool@hsg.gr*

*Applications will be evaluated by the Organizing Committee and will contact you for participation*

*Your registration will be final after payment of the registration*

*Hotel accommodation has to be arranged by the participants*