



Asia-Pacific Academy of Ophthalmology

APAO International Training Center Application Form

Name of Institute: _____

Address: _____

Contact Person: _____ Position: _____

Phone: _____ Fax: _____

Email Address: _____

Part 1:

Please outline below the number of trainers available and their qualifications:



Asia-Pacific Academy of Ophthalmology

Part 2:

Please outline below the coverage and the content of the fellowship program provided. Please specify what kind of subspecialty training will be provided if any:



Asia-Pacific Academy of Ophthalmology

Part 3:

Please specify to what extent APAO Fellows will be supported financially by your training center:

Signature

Position

Place and Date

~ THE END ~