

## **Asia-Pacific Academy of Ophthalmology**

## **APAO International Training Center Application Form**

Name of Institute:  Address:		
Phone:	Fax:	
Email Address:		
Part 1: Please outline below the number	r 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:			



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Part 3:		
Please specify to what extent APAO F	fellows will be supported financially by your training center:	
	Signature	
	Position	
	Place and Date	
	~ THE END ~	