



*The Scandinavian Society of Anaesthesiology
and Intensive Care Medicine*

Application Form

5th Nordic Diploma Course in Advanced Pain Medicine
2010-2012

I hereby apply for the Nordic Educational Programme in Advanced
Pain Medicine.

Name : _____

Title and
Speciality : _____

Address : _____

Country : _____

E-mail : _____

Telephone : _____

Fax : _____

All expenses for this programme (fee for the 5 courses, travel,
accommodation and clinical training) will be covered by the host
clinic.

Final date for receiving the application form: May 29th 2010.

Date and signature of the applicant

Date and signature of the chairman of the host clinic

**This form should be sent by ordinary post to
Secretary Kirsten Rye, Section of Acute Pain Management and Palliative
Medicine, Rigshospitalet, Dept. 4114,
Blegdamsvej 9, DK-2100 Copenhagen Ø, Denmark**