2019 CSCO Poster Program

# Applicant’s Information

|  |  |
| --- | --- |
| SSO Member ID #: |  |
| First Name | 　 |
| Last Name | 　 |
| Date of Birth | 　 |
| Nationality | 　 |
| Passport Expiration Date | 　 |
| E-mail Address | 　 |

# Applicant’s affiliation

|  |  |
| --- | --- |
| Name of Institution | 　 |
| Department | 　 |
| Country | 　 |
| State/Province | 　 |
| Address | 　 |
| Zip/Post Code | 　 |

# Abstract Title & Category (e.g. breast, colorectal, etc.)

# Please state the reasons why you are interested in this opportunity: