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: