CSRS-AP

Office: Sapporo Orthopaedic Hospital Center for Spinal Disorders

13-56, Hassamu 13-4, Nishi-Ku, Sapporo 063-0833, Japan

1. Name: First name_____, Middle name _____, Family name _____
2. Degree (MD, PhD, etc: _____
3. Name of Institution or Hospital and Position: _____

_____

4. Mailing Address: _____

_____

5. E-mail Address: _____
6. Fax Number: _____
7. Phone Number: _____
8. Specialty (Orthopaedics, Neurosurgery, etc): _____
9. Name of Spouse:_____
10. Please check if you are a member of: CSRS ☐ or CSRS-ES ☐
11. Attendance at previous CSRS-AP annual meeting (year):_____
12. Titles and years of two presentations at previous CSRS, CSRS-ES and/or CSRS-AP meetings

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13. One publication related to the cervical spine in an international journal written in English and indexed in PubMed _____

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_____

14. Names of three active CSRS-AP members who are sponsoring your application

_____ _____ _____