



APAGE Special Interest Group

application form

Full Name:	
Designation (Job Title):	
Affiliation:	
Address & Zip Code:	
Email:	
Contact Mobile Number:	
LINE ID:	

Please write down the priority “1,2,3, etc.” of SIG application preference from the following:

**APAGE Central Office & Executive Board will allocate the SIG you have chosen after reviewing all the applications.*

- | | |
|---|---|
| <input type="radio"/> Reproductive Surgery | <input type="radio"/> HIFU |
| <input type="radio"/> Endometriosis | <input type="radio"/> Urogynecology |
| <input type="radio"/> Nurse Specialist in Endoscopy | <input type="radio"/> Robotic Surgery |
| <input type="radio"/> Oncology | <input type="radio"/> NOTES and Single-Port Surgery |
| <input type="radio"/> Hysteroscopy | |

- Are you a member in other endoscopic/ oncologic/ reproductive/ urogynecologic associations? Yes No
If “yes,” which association? _____

- Are you a board member or Special Interest Group board member in other endoscopic/ oncologic/ reproductive/ urogynecologic associations? Yes No
If “yes,” which committee or Special Interest Group? _____

Applicant Signature

Date (yyyy.mm.dd)