

**Application form (2008)**

Name	
Title	
Home address	
Working address	
Country	
E-mail (home/work)	
Phone (home/work)	

I plan to work in these units during the two years training (Unit, Department, Hospital, duration):

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I hereby apply for the Inter-Nordic training program in Advanced Emergency Medicine. All expenses for this program (including travelling, accommodation and a fee for each course) have to be covered by the host clinic.

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Date and signature of the applicant and name in capital letters

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Date and signature of the chairman of the host clinic and name in capital letters