



*The Scandinavian Society of Anaesthesiology
and Intensive Care Medicine*

Application Form

Nordic Diploma Course in Advanced Pain Medicine

Name : _____

Title and
Speciality : _____

Address : _____

Country : _____

E-mail : _____

Telephone : _____

Fax : _____

I hereby apply for the Nordic Educational Programme in Pain Medicine.
All expenses for this programme (fee for each course, travel and
accommodation) should to be covered by the host clinic.

Final date for receiving the application form: May 31st 2008.

Date and signature of the applicant

Date and signature of the chairman of the host clinic

**This form should be sent by ordinary post to
Secretary Kirsten Rye, Multidisciplinary Pain Centre, Rigshospitalet,
Dept. 7612, Blegdamsvej 9, DK-2100 Copenhagen Ø, Denmark**