



**The Second International Workshop on  
A comprehensive Approach for The Management of Peritoneal Malignancy with  
Cytoreductive Surgery (CRS) and Hyperthermic Intraperitoneal Chemotherapy (HIPEC)**



**APPLICATION FORM**

**(Deadline 22<sup>th</sup> March 2018)**

Please save this file, complete it with your personal and professional details and return it to

**Dr. Wael Samy A. Gawad :** [wael.gawad@nci.cu.edu.eg](mailto:wael.gawad@nci.cu.edu.eg) - Cellular : 01001009437 .

**B. Smart Company: Mr. Mohamed Moawad**

**Landline 002 02 010 000 34 2 33 - 002 02 23 64 78 39**

**Cellular: 00201000034234 [events@bsmartegypt.org](mailto:events@bsmartegypt.org)**

To complete your application, please send the following documents with the completed application form.

- **Short curriculum vitae (max. 2 pages).**
- **Trainees should submit Supporting letters from the Department Head.**

**Your details:**

Title:	
Family name:	
First name:	
Date of birth:	
Gender:	

Institute:	
Department:	
Address:	
Zip code:	
Town:	
Country:	
Phone number:	
Fax number:	
e-mail (*):	
Are you:	<b>EGSSO / EgSA Member</b> yes <input type="checkbox"/> No <input type="checkbox"/>
Specialty:	<input type="checkbox"/> Consultant <input type="checkbox"/> Senior residents/fellows surgery. <input type="checkbox"/> Senior Nurse practitioners in PSM/oncology

**\* All correspondence regarding your application will be sent by e-mail.**

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Please describe here your Clinical **experience on the topic of the course:**

Year / period	Description

Please describe here your **involvement in scientific activities:**

Year / period	Description

How would you rate **your English**, from 1 (basic) to 5 (mother tongue)

Rate	
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How did you hear about this course?

<input type="checkbox"/> Web	<input type="checkbox"/> EGSSO Announcement/Advert	<input type="checkbox"/> Flyer	<input type="checkbox"/> Word of mouth
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