**ASSN Endorsed Spine Courses Application Form**

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| Name of the Course |  |
| Level (Basic, Advanced, Masters) |  |
| Organizer/Host Institution |  |
| Organizing Chair |  |
| Organizing Secretary |  |
| Province Name/Number |  |
| Provincial Representative |  |
| Course Venue |  |
| Course Date/s |  |
| Expected participants (excluding faculty) |  |
| Number of invited ASSN faculties |  |
| Local faculty number |  |
| Registration Charge: Surgeons |  |
| Registration Charge: Residents/Fellows/Paramedics |  |

Note:

1. Institutions/spine clubs/hospitals applying for ASSN endorsement of their spine courses are requested to complete this application form and email it to assn.spinenepal@gmail.com and cc to scientificassn@gmail.com. The applicant should also attach an official application letter countersigned by the organizing chair and/or organizing secretary of the course addressed to The General Secretary, Association of Spine Surgeons of Nepal.
2. Please enclose a non-refundable fee payment receipt of NPR 20,000 (Twenty Thousand) along with the application.
3. The application should be made 2 months prior to organization of the course.
4. Final decision on ASSN endorsement will be made by the ASSN Executive Committee.
5. For further details, please write to The General Secretary, ASSN at assn.spinenepal@gmail.com