



*The Scandinavian Society of Anaesthesiology  
and Intensive Care Medicine*

## Application Form

### 8<sup>th</sup> Nordic Diploma Course in Advanced Pain Medicine 2016 – 2018

I hereby apply for the Nordic Educational Programme in Advanced Pain Medicine.

Name : \_\_\_\_\_

Title and  
Speciality : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Country : \_\_\_\_\_

E-mail : \_\_\_\_\_

All expenses for the programme (fee for the 5 courses, travel, accommodation and clinical training) will be covered by my host clinic or by me personally.

*Final date for receiving the application: May 30<sup>th</sup>, 2016*

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Date and signature of the applicant (*scanned*)

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Date and signature of the chairman of the host clinic (*scanned*)

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**This form should be sent by mail to  
Secretary Kirsten Rye, e-mail: PainEdu@painedu.nu**