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| International Society of Cryosurgery  国际冷冻治疗学会  Application Form  参会申请表 | | Portrait（照片） |
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| Working Experience 工作经历 [Start Date-End Date] **•** Institution Name **•**  Department **•** Position**•** Title  [开始日期]–[结束日期] **•** 单位名称 **•** 所在科室 **•** 职务 **•** 职称 Educational Background 教育背景 [Start Date - End Date] **•** School **•** Subject **•** Degree Type  [开始日期]–[结束日期] **• **学校****名称 **•** 学科专业 **•** 学位类型 Specialties 专业特长 I am engaged in XX specialty and specialize in XXXX treatment. Published Books or Papers Related to Cryotherapy ( Pages Attachable )已发表与冷冻治疗相关著作或论文（可附页） １.陈主初．病理生理学．北京：人民卫生出版社，2001  3.Fujisawa N，Inamori M，Sekino Y，et al. Risk factors for mortality in patients with Mallory-Weiss syndrome. Hepatogastroenterology, 2011, 58:417-420. Self-evaluation 自我评价Referrer's Name and Comments (Optional)推荐人姓名及意见 |  |
| Name 姓名 XXX Date of Birth 出生日期 19XX-XX-XX Current Institution & Position现工作单位及职务 XX Deparment XX Hospital Associate Director, Attending Physician Degree 学位 Doctoral degree |
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