

## REGISTRATION FORM FOR PANAMERICAN SCHOLARSHIPS - CHILE 2025

XXIX PANAMERICAN CONGRESS OF OTORHINOLARYNGOLOGY AND CCC- CHILE 2025

### PERSONAL INFORMATION

DATE: \_\_\_\_\_ NAME AND SURNAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_  
TITLE AND POSITION OF APPLICANT (EX.: SPECIALIST, ASSISTANT,  
PROFESSOR, CLINICAL INSTRUCTOR, RESIDENT, ETC.) \_\_\_\_\_  
INSTITUTION/UNIVERSITY: \_\_\_\_\_  
WORK PLACE ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_  
COUNTRY: \_\_\_\_\_  
MOBILE PHONE NUMBER: COUNTRY \_\_\_\_\_  
EMAIL: NO.1 \_\_\_\_\_ NO.2 \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_  
ARE THERE ANY VISA OR PASSPORT IMPEDIMENTS FOR YOU TO TRAVEL TO SANTIAGO-DE-CHILE, CHILE?  
YES NO

### PROFFESIONAL INFORMATION

UNIVERSITY OF YOUR MEDICAL DEGREE (DOCTOR OF MEDICINE OR EQUIVALENT): \_\_\_\_\_  
GRADUATION YEAR: \_\_\_\_\_ COUNTRY: \_\_\_\_\_  
WHERE DID YOU DO YOUR ENT TRAINING/RESIDENCY?  
CITY / COUNTRY: \_\_\_\_\_ YEARS: FROM \_\_\_\_\_ TO \_\_\_\_\_  
CURRENT HEAD OF THE ENT DEPARTMENT: \_\_\_\_\_  

HAVE YOU ATTENDED THE PANAMERICAN CONGRESS BEFORE?	HAVE YOU RECEIVED ANY PANAMERICAN CONGRESS SCHOLARSHIP BEFORE?	WILL YOU REQUIRE AN INVITATION LETTER TO DEMONSTRATE IT TO THE CONSULATE THE VISA PROCESS?
YES NO	YES NO	YES NO