



Asociación Interamericana de Gastroenterología
Associação Interamericana de Gastroenterologia
Interamerican Association of Gastroenterology

Application for AIGE Scholarship at “WGO Gastroenterology Training Center”

Application deadline: May 28, 2010

1. Personal Information

First Name:

Last Name:

Current Degree:

Date of Birth:

Preferred Mailing Address: Home _____ or Work _____

Address:

City:

Province/State:

Country:

Phone:

Mobile:

Email Address:

2. **Education**

Medical School:

Graduation Date:

Type of Medical Degree:

3. **Post Graduate Training**

Name of Institution:

Inclusive Dates:

4. Select two options of your choice from the List of the WGO Training Centers

First Option:

Second Option:

Signature of Applicant _____ Date: _____