**KINGCA Week 2018 Gastric Cancer Master Class**

**Pre - Congress Site Visiting Program**

**Ⅰ. Program Overview**

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| **Category** | **Contents** |
| **Program** | KINGCA Week 2018 Gastric Cancer Master Class |
| **Purpose** | Participants will experience current best-practices and surgical skills of Korean major centers, take part in a hands-on animal lab exercise, and come away with a clear view of the state of Gastric Cancer today. |
| **Schedule** | + Site Visits: April 18(Wed)~24(Tue), 2018+ Wrap-up Meeting: April 25(Wed.), 2018+ KINGCA Week 2018: April 26(Thu)~28(Sat), 2018 |
| **Participation eligibility** | KINGCA Week 2018 participants\*This program is complimentary for KINGCA Week 2018 participants. |
| **Submission method** | Submit your application by email (info@kingca.org). |
| **List of Centers** | - Ajou University Hospital- Asan Medical Center- CHA Bundang Medical Center, CHA University- Chonnam National University- Korea University Anam Hospital- Keimyung University Dongsan Hospital- Kyungpook National University Chilgok Hospital- National Cancer Center- Samsung Medical Center, Sungkyunkwan University- Seoul National University Bundang Hospital- Seoul National University Hospital- Seoul St. Mary’s Hospital, The Catholic University of Korea- Severance Hospital |
| **Key Dates** | + Application Deadline: February 9, 2018+ Matching of Participants to the Institution: Mid-March 2018 |

**Ⅱ. Application form for Gastric Cancer Master Class**

\* Please send this form to (info@kingca.org).

\* You will receive a confirmation of your application.

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| **Country** |  |
| **Title** |  |
| **First Name** |  | **Last Name** |  |
| **Category** |  |
| **Affiliation** |  |
| **Department** |  |
| **Address** |  |
| **E-mail** |  |
| **Phone** |  |
| **Fax** |  |
| **Cell Phone** |  |
| **1st Preferred Institution** |  | **1st Institution Department** |  |
| **2nd Preferred Institution** |  | **2nd Institution Department** |  |
| **3rd Preferred Institution** |  | **3rd Institution Department** |  |
| **Accommodation needed or not** |  |
| **\* Reason for participation** | ***Please write why you feel you should participate in this program.*** |

*\* It is mandatory to complete Items marked with asterisks (\*)*

**Date Submitted Signature**