**KINGCA Week 2019 Gastric Cancer Master Class**

**Pre - Congress Site Visiting Program**

**Ⅰ. Program Overview**

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| **Category** | **Contents** |
| **Program** | KINGCA Week 2019 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 3(Wed)~9(Tue), 2019  + Wrap-up Meeting: April 10(Wed.), 2019  + KINGCA Week 2019: April 11(Thu)~13(Sat), 2019 |
| **Participation eligibility** | KINGCA Week 2019 participants  \*This program is complimentary for KINGCA Week 2019 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 Hwasun Hospital  - Keimyung University Dongsan Hospital  - Korea University Anam 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, Yonsei University College of Medicine |
| **Key Dates** | + Application Deadline: February 15, 2019  + Matching of Participants to the Institution: Mid-March 2019 |

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

\* Please send this form to ([info@kingca.org](mailto: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**