

Committee Application



Name _____ Credentials _____

Title _____

Hospital/Institution _____

City, State, Country _____

Phone _____ E-mail _____

Specialties/Areas of Interest _____

The following Committees currently have openings:

Check the Committee(s) in which you are interested.

Committees:

- | | | |
|---|---|---|
| <input type="checkbox"/> Americas | <input type="checkbox"/> Education | <input type="checkbox"/> Program |
| <input type="checkbox"/> Awards | <input type="checkbox"/> Engineering and Data Science | <input type="checkbox"/> Rehabilitation Standards |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Membership | <input type="checkbox"/> Research |
| <input type="checkbox"/> Early Career | <input type="checkbox"/> Outreach | |

Please save and email your completed application to asia.office@asia-spinalinjury.org

