

2ND LAP OLYMPICS

REGISTRATION FORM

Team Composition:

1. Three (3) member teams only.
2. Must be comprised of at least one consultant AND one resident. Teams may be made up of 2 residents and 1 consultant or vice versa.
3. All participants must be bonafide staff of their respective institutions. Must be certified by their training officer or department chairman below.
4. Those that CANNOT join: PALES Board Members, any MIS Fellow-in-Training under the Unified PALES Fellowship Program, Lap Olympics Committee members, any Fellow-in-Training in any fellowship subspecialty program (Colorectal, hepatobiliary, TCVS etc)
5. Only one team per institution is allowed to participate
6. Each team is allowed one consultant and one resident backup
7. All teams are allowed to bring their own equipment during the contest
8. Submit all registration forms to the PALES Secretariat: pales_06@yahoo.com
9. Participants are allowed to create a team name.
10. All team members, participating and back-ups, MUST be pre-registered to the PALES 2019 Convention

NAME OF TEAM (Institution, City and Province)		
Names of Participants	Consultant	Resident
Name of Back Ups	Consultant	Resident

CERTIFICATION

I hereby certify that the aforementioned participants of TEAM _____
(name of institution)
 are all bonafide medical staff of the department of surgery of the above institution.

 Chairman / Training Officer