



HIMSS AsiaPac 2012 Reviewer Application Form

Please complete the details below and email amak@himss.org or fax: +65 6836 7728

1. Contact Information

First Name:

Last Name:

Title:

Company Name:

Address:

City:

Country:

Phone Number:

E-mail Address:

2. Qualification to become a Reviewer

Please describe your background, current position and expertise, or include a brief biography. This should not be in excess of 200 words. Note: Full CV's will not be accepted.

3. Level of Expertise in Healthcare IT Related Area

Please also list the category of papers that you would be interested in doing the review. You may choose more than one

Acute Care (Cutting Edge Technologies and Innovation)

Chronic Disease Management and Aged Care

Mobile Healthcare

Standards and Interoperability

4. Key Achievement

Please list most recent 2 if applicable, max. 300 words about your achievement in your area of expertise.

5. Experience with HIMSS

Please list here if you have been speakers, attendees or past reviewers in any HIMSS past events.

THANK YOU FOR YOUR APPLICATION!

Submission of reviewer application form does not automatically indicate acceptance.

For questions, please contact:

Amy Mak, Education Manager

Phone: (65)66641183 Fax: (65)68367728

Email: amak@himss.org