



IGASS Fellowship Application for Surgeons
Long term fellowship:
(only typewritten accepted)

Personal information:

Last name:First name:
Date of birth: / / Nationality:
Marital status:.....

Full home address:
.....
.....
.....

Home phone:
Email address:

Name of university / hospital:
Full address of hospital:
.....
.....

Work phone:..... Work fax:.....

Present position:

Name of head of the department:.....

Languages spoken:
English..... French..... German Spanish..... Others.....

Expected duration of fellowship is granted:

12 months.....

Please indicate the most convenient date(s) (please note that the months July and August are not recommended due to summer holidays):

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.....

Do you have any preferred Spine Center you would like to visit:

1st choice:.....

2nd coice:

Country:.....

No preferences:.....

Remarks:

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I have read the IGASS fellowship guidelines and accept all conditions:

Place and Date:.....

Signature: _____