

IGASS Fellowship Application for Surgeons Short term fellowship:

(only typewritten accepted)

Made possible with the educational grant of :



Personal information:

Last name:First name:

Date of birth: Nationality:

Martial status:

Full home address:

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Home phone: Email address:

Name of university / hospital:

Full address of hospital:

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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: two weeks four weeks

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 choice:

3rd choice:

Country:

No preferences:

Remarks:

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

Place and Date:.....

Signature:

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