POURQUOI PAS?
INTERNATIONAL SOCIETY OF CRANIO FACIAL SURGERY
THE CRANIO FACIAL CHAPTER OF THE INTERNATIONAL CONFEDERATION
IPRAS

ASSOCIATE MEMBER APPLICATION

INSTRUCTIONS: PLEASE TYPE OR PRINT ALL INFORMATION

NAME (surname first) _____

MAILING ADDRESS _____

_____

_____

TELEPHONE _____ FACSIMILE _____

E-MAIL ADDRESS _____

SIGNATURE _____ DATE OF APPLICATION _____

Enclosed with this application:

1. Copies of all operative reports of all craniofacial procedures performed in the 24 months immediately preceding the date of this application (if surgery is your specialty).

2. A list of clinical team members stating their names and specialty.

3. A list of publications and scientific contributions including full curriculum vitae.

4. Letters of sponsorship from two presently active members of this Society (may be sent separately).

5. A letter from the head of the program where you trained in craniofacial surgery for at least six months. (if surgery is your specialty)

6. A processing fee of USD$50.00 payable to the International Society of Craniofacial Surgery. Please use the Processing Fee Registration Form (can be downloaded in Application Section).

7. **NO APPLICATION WILL BE ACCEPTED UNLESS ALL OF THE ABOVE ARE ASSEMBLED TOGETHER IN A SINGLE PACKAGE** (except number 4).

N.B. 1 and 5 are only requested from craniofacial surgeons, and not for related specialists.

Send your application package to:

Docteur Eric Arnaud
Secretary-Treasurer, ISCFS
130 Rue De La Pompe
75116 PARIS, France
Tel: +(33)-1 47 27 44 31 - Fax: +(33)-1 4727 65 15

ASSOCIATE MEMBER
CERTIFICATION

By my signature of this form, I certify that:.

- I am an active member of a major medical specialty society and practice this specialty in my country.

and (check one) :

- ❑ If surgeon: I am a legally qualified practicing surgeon, active in craniofacial surgery
- ❑ If non-surgeon specialist : I am actively engaged in a craniofacial team

DATE OF CERTIFICATION: _____

APPLICANT'S SIGNATURE : _____
(Associate Membership)