



**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: \_\_\_\_\_