



**IGASS Fellowship Application for Surgeons**  
**Middle 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:

1 to 3 months .... 3 to 6 months....

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

.....  
.....

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

1st choice:.....  
2nd coice: .....  
Country:.....  
No preferences:.....

**Remarks:**

.....  
.....  
.....  
.....  
.....  
.....  
.....

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

Place and Date:.....

Signature: \_\_\_\_\_