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# EACMFS BLUE BOOK

## September 2013

(International Teaching Centers Network)



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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
**INTERNATIONAL TEACHING CENTERS NETWORK**

**Department (City and Country)** Feldkirch, Austria  
**Head of Department** Oliver Ploder  
**Person responsible for education** Oliver Ploder  
**Postal Address:** Road/Street **Carinagasse 47**  
Town /City 6800 Feldkirch  
Post/ZIP Code 6800 Country Austria  
**Telephone (inc code)** +43 5522 303 1500 **Fax (inc code)**  
**Cellphone (inc code)** **E-mail** oliver.ploder@lkhf.at

1. **Are you interested in receiving visiting clinicians?** Trainees
2. **Areas of clinical interest / expertise** Orthognathic  
If 'other' Implantology
3. **Language/s used for teaching:** German, English
4. **Is the Department currently teaching?** Yes
5. **At what level is teaching carried out?** Intern/Resident
6. **Is the Department accredited as an official training center in your Country?** Yes
7. **Period for which your Department is able to accept visiting trainees:** 1 month
8. **Could your Department offer financial support or payment for work to a visitor?** No
9. **Could your institution arrange accommodation for a visitor?** Yes, fee charged  
**Fee Charged (Euros)** 14,86 € per week, and final cleaning 18,66€, deposit 56€
10. **Technical experience offered** Observer status only

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
**INTERNATIONAL TEACHING CENTERS NETWORK**

**Department (City and Country)**      **Clinic for Oral and Maxillofacial Surgery, Medical University of Vienna**

**Head of Department**      **Interimistic chairman: Univ.-Prof. Dr. Dr. Clemens Klug**

**Person responsible for education**      **Univ.-Prof. Dr. Dr. Gerhard Undt**

**Postal Address:**      **Road/Street**      **Waehringer Guertel 18-20**

**Town /City**      **Vienna**

**Post/ZIP Code**      **1090**      **Country**      **Austria**

**Telephone (inc code)**      **00431404004259**      **Fax (inc code)**      **00431404004253**

**Cellphone (inc code)**      **00436648326832**      **E-mail**      **gerhard.undt@meduniwien.ac.at**

1. **Are you interested in receiving visiting clinicians?**      **Fellows(Post-specialists)**
2. **Areas of clinical interest / expertise**      **TMJ disease**  
**If 'other'**      **Oncology, reconstruction, traumatology, orthognathic, cleft lip/palate**
3. **Language/s used for teaching:**      **English, German**
4. **Is the Department currently teaching?**      **Yes**
5. **At what level is teaching carried out?**      **Intern/Resident**
6. **Is the Department accredited as an official training center in your Country?**      **Yes**
7. **Period for which your Department is able to accept visiting trainees:**      **2 years**
8. **Could your Department offer financial support or payment for work to a visitor?**      **No**
9. **Could your institution arrange accommodation for a visitor?**      **Yes, fee charged**  
**Fee Charged (Euros)**
10. **Technical experience offered**      **Observer status only**

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY  
INTERNATIONAL TEACHING CENTERS NETWORK**

**Department (City and Country)** GH ST. JOHN BRUGES  
**Head of Department** PROF. DR. C. DE CLERCQ  
**Person responsible for education** PROF. DR. DR. G. SWENNEN  
**Postal Address:** Road/Street **RUDDERSHOVE 10**  
 Town /City BRUGES  
 Post/ZIP Code 8000 Country BELGIUM  
**Telephone (inc code)** 003250452260 **Fax (inc code)** 003250452279  
**Cellphone (inc code)** **E-mail** MAXFAC@AZSINTJAN.BE

1. Are you interested in receiving visiting clinicians? **Fellows(Post-specialists)**
2. Areas of clinical interest / expertise **Please select ..**  
 If 'other' **ALL ASPECTS OF MAXILLOFACIAL SURGERY**
3. Language/s used for teaching: **ENGLISH**
4. Is the Department currently teaching? **Yes**
5. At what level is teaching carried out? **Post-specialist/Fellow**
6. Is the Department accredited as an official training center in your Country? **Yes**
7. Period for which your Department is able to accept visiting trainees: **2-3 months**
8. Could your Department offer financial support or payment for work to a visitor? **No**
9. Could your institution arrange accommodation for a visitor? **Yes, fee charged**  
**Fee Charged (Euros)** 250-360/MONTH
10. Technical experience offered **Observer status only**

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
**INTERNATIONAL TEACHING CENTERS NETWORK**

<b>Department (City and Country)</b>	<b>Brussels - Belgium</b>		
<b>Head of Department</b>	<b>Reychler H</b>		
<b>Person responsible for education</b>	<b>Reychler H</b>		
<b>Postal Address:</b>	Road/Street	<b>Av Hippocrate 10</b>	
	Town /City	Brussels	
	Post/ZIP Code	1200	Country        Belgium
<b>Telephone (inc code)</b>	003227645710	<b>Fax (inc code)</b>	003227645876
<b>Cellphone (inc code)</b>		<b>E-mail</b>	herve.reychler@uclouvain.be

- |  |                            |                             |
|--|----------------------------|-----------------------------|
| 1. Are you interested in receiving visiting clinicians?                            |                            | <b>Trainees</b>             |
| 2. Areas of clinical interest / expertise  |                            | <b>Oncology</b>             |
|  | <b>If 'other'</b>          | <b>Orthognathic surgery</b> |
| 3. Language/s used for teaching:   |                            | <b>French / English</b>     |
| 4. Is the Department currently teaching?   |                            | <b>Yes</b>                  |
| 5. At what level is teaching carried out?  |                            | <b>Intern/Resident</b>      |
| 6. Is the Department accredited as an official training center in your Country?    |                            | <b>Yes</b>                  |
| 7. Period for which your Department is able to accept visiting trainees:           | <b>1-2 weeks</b>           |                             |
| 8. Could your Department offer financial support or payment for work to a visitor? |                            | <b>No</b>                   |
| 9. Could your institution arrange accommodation for a visitor?                     |                            | <b>Please select ..</b>     |
|  | <b>Fee Charged (Euros)</b> |                             |
| 10. Technical experience offered   |                            | <b>Observer status only</b> |

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
**INTERNATIONAL TEACHING CENTERS NETWORK**

**Department (City and Country)** Cranio-Maxillofacial Association, Antwerp, Belgium

**Head of Department** Prof. Dr. N. Nadjmi

**Person responsible for education** Prof. Dr. N. Nadjmi

**Postal Address:** Road/Street **AZ Monica, Harmoniestraat 68**

Town /City Antwerp

Post/ZIP Code 2018 Country Belgium

**Telephone (inc code)** 003232402611 **Fax (inc code)** 003232380489

**Cellphone (inc code)** **E-mail** nasser.nadjmi@azmonica.be

1. **Are you interested in receiving visiting clinicians?**

**Fellows(Post-specialists)**

2. **Areas of clinical interest / expertise**

**Other (please state)**

**If 'other' sugery**

**Cleft & Craniofacial, Orthognathic and Aesthetic**

3. **Language/s used for teaching:**

**English**

4. **Is the Department currently teaching?**

**Yes**

5. **At what level is teaching carried out?**

**Intern/Resident**

6. **Is the Department accredited as an official training center in your Country?**

**Yes**

7. **Period for which your Department is able to accept visiting trainees:** 1-2 weeks

8. **Could your Department offer financial support or payment for work to a visitor?**

**No**

9. **Could your institution arrange accommodation for a visitor?**

**Yes, fee charged**

**Fee Charged (Euros)**

varies

10. **Technical experience offered**

**Observer status only**

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
**INTERNATIONAL TEACHING CENTERS NETWORK**

**Department (City and Country)** Department of Oral and Maxillofacial Surgery Leuven  
**Head of Department** Prof. Dr.Constantinus POLITIS, MD, DDS, MHA, MM, PhD  
**Person responsible for education** Dr.Titiaan DORMAAR  
**Postal Address:** Road/Street **Kapucijnenvoer 33**  
Town /City Leuven  
Post/ZIP Code 3000 Country Belgium  
**Telephone (inc code)** 016332462 **Fax (inc code)**  
**Cellphone (inc code)** **E-mail** constantinus.politis@uzleuven.be

1. **Are you interested in receiving visiting clinicians?** Trainees
2. **Areas of clinical interest / expertise** Oncology  
If 'other'
3. **Language/s used for teaching:** english
4. **Is the Department currently teaching?** Yes
5. **At what level is teaching carried out?** Intern/Resident
6. **Is the Department accredited as an official training center in your Country?** Yes
7. **Period for which your Department is able to accept visiting trainees:** 1 year
8. **Could your Department offer financial support or payment for work to a visitor?** No
9. **Could your institution arrange accommodation for a visitor?** Yes, fee charged  
**Fee Charged (Euros)**
10. **Technical experience offered** Hands on clinical care and operating

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*EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY*  
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*Department (City and Country) Department of Oral and Maxillofacial Surgery,  
Rigshospitalet, Copenhagen University Hospital, Denmark*

*Head of Department Dr. Thomas Kofod*

*Person responsible for education Dr. Simon Storgaard Jensen*

*Postal Address: Road/Street Blegdamsvej, 9*

*Town /City Copenhagen*

*Post/ZIP Code 2100 Country Denmark*

*Telephone (inc code) 004535452002 Fax (inc code)*

*Cellphone (inc code) 004535450626 E-mail  
thomas.kofod@regionh.dk*

- 1. Are you interested in receiving visiting clinicians? Fellows(Post-specialists)*
- 2. Areas of clinical interest / expertise Orthognathic  
If 'other' Implantology, Traumatology*
- 3. Language/s used for teaching: English, Danish*
- 4. Is the Department currently teaching? Yes*
- 5. At what level is teaching carried out? Intern/Resident*
- 6. Is the Department accredited as an official training center in your Country? Yes*
- 7. Period for which your Department is able to accept visiting trainees: 2-3 months*

8. *Could your Department offer financial support or payment for work to a visitor? No*

9. *Could your institution arrange accommodation for a visitor?*

*Please select ..*

*Fee Charged (Euros)*

10. *Technical experience offered  
Hands on clinical care and operating*

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
**INTERNATIONAL TEACHING CENTERS NETWORK**

**Department (City and Country)** Aarhus, Denmark

**Head of Department** John Jensen

**Person responsible for education** Jytte Buhl / Sven Erik Noerholt

**Postal Address:** Road/Street **Noerrebrogade 44**  
Town /City Aarhus  
Post/ZIP Code 8000 Country Denmark

**Telephone (inc code)** +45 778462970 **Fax (inc code)** +45 78462930

**Cellphone (inc code)** **E-mail** svenoe@rm.dk

1. **Are you interested in receiving visiting clinicians?** Trainees

2. **Areas of clinical interest / expertise** Orthognathic  
If 'other'

3. **Language/s used for teaching:** English

4. **Is the Department currently teaching?** Yes

5. **At what level is teaching carried out?** Post-specialist/Fellow

6. **Is the Department accredited as an official training center in your Country?** Yes

7. **Period for which your Department is able to accept visiting trainees:** 1 month

8. **Could your Department offer financial support or payment for work to a visitor?** No

9. **Could your institution arrange accommodation for a visitor?** Yes, fee charged  
**Fee Charged (Euros)** ?

10. **Technical experience offered** Observer status only

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
**INTERNATIONAL TEACHING CENTERS NETWORK**

**Department (City and Country)** Department of maxillo-facial surgery, Caen University Hospital,  
France

**Head of Department** Pr H. Bénateau

**Person responsible for education** Pr H. Bénateau

**Postal Address:** Road/Street **Avenue cote de Nacre**

Town /City Caen

Post/ZIP Code 14000 Country France

**Telephone (inc code)** 02 31 06 49 89 **Fax (inc code)** 02 31 06 48 55

**Cellphone (inc code)** **E-mail** benateau-h@chu-caen.fr

1. **Are you interested in receiving visiting clinicians?** Trainees
2. **Areas of clinical interest / expertise** Reconstruction  
If 'other' cleft lip and palate
3. **Language/s used for teaching:** french, english
4. **Is the Department currently teaching?** Yes
5. **At what level is teaching carried out?** Intern/Resident
6. **Is the Department accredited as an official training center in your Country?** Yes
7. **Period for which your Department is able to accept visiting trainees:** 6 months
8. **Could your Department offer financial support or payment for work to a visitor?** No
9. **Could your institution arrange accommodation for a visitor?** Yes, no charge

**Fee Charged (Euros)**

10. **Technical experience offered** Hands on clinical care and operating

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
**INTERNATIONAL TEACHING CENTERS NETWORK**

<b>Department (City and Country)</b>	<b>Maxillofacial Surgery Unit - CHU Toulouse - France</b>		
<b>Head of Department</b>	<b>Pr. F. Boutault</b>		
<b>Person responsible for education</b>	<b>Pr. F. Boutault - Dr. F. Jalbert</b>		
<b>Postal Address:</b>	<b>Road/Street</b>	<b>Place Baylac</b>	
	<b>Town /City</b>	<b>Toulouse</b>	
	<b>Post/ZIP Code</b>	<b>31059</b>	<b>Country          France</b>
<b>Telephone (inc code)</b>	<b>(33)561772397</b>	<b>Fax (inc code)</b>	<b>(33)561779123</b>
<b>Cellphone (inc code)</b>		<b>E-mail</b>	<b>boutault.sec@chu-toulouse.fr</b>

- |   |                             |  |
|---|-----------------------------|--|
| <b>1. Are you interested in receiving visiting clinicians?</b>                            | <b>Trainees</b>             |  |
| <b>2. Areas of clinical interest / expertise</b>  | <b>Oncology</b>             |  |
|   | <b>If 'other'</b>           | <b>Craniofacial - Orthognathic surgery</b> |
| <b>3. Language/s used for teaching:</b>   | <b>French/english</b>       |  |
| <b>4. Is the Department currently teaching?</b>   | <b>Yes</b>                  |  |
| <b>5. At what level is teaching carried out?</b>  | <b>Intern/Resident</b>      |  |
| <b>6. Is the Department accredited as an official training center in your Country?</b>    | <b>Yes</b>                  |  |
| <b>7. Period for which your Department is able to accept visiting trainees:</b>           | <b>1-2 weeks</b>            |  |
| <b>8. Could your Department offer financial support or payment for work to a visitor?</b> | <b>No</b>                   |  |
| <b>9. Could your institution arrange accommodation for a visitor?</b>                     | <b>Yes, fee charged</b>     |  |
| <b>Fee Charged (Euros)</b>  |                             |  |
| <b>10. Technical experience offered</b>   | <b>Observer status only</b> |  |

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
INTERNATIONAL TEACHING CENTERS NETWORK

**Department (City and Country)                    MARSEILLE FRANCE**

**Head of Department                                    DR CHANAVAZ**

**Person responsible for education                DR CHANAVAZ**

**Postal Address:                    Road/Street                CENTRE OROFACE 33 BD DES FARIGOULES**

**Town /City    AUBAGNE**

**Post/ZIP Code                    13400    Country                    FRANCE**

**Telephone (inc code)    Fax (inc code)**

**Cellphone (inc code)                    +33607296628    E-mail                    chanavaz.philippe@wanadoo.fr**

**1. Are you interested in receiving visiting clinicians?    Fellows(Post-specialists)**

**2. Areas of clinical interest / expertise    Implantology**

**If 'other'**

**3. Language/s used for teaching:    french & english**

**4. Is the Department currently teaching?    Yes**

**5. At what level is teaching carried out?    Post-specialist/Fellow**

**6. Is the Department accredited as an official training center in your Country?    Yes**

**7. Period for which your Department is able to accept visiting trainees:    Please select ..**

**8. Could your Department offer financial support or payment for work to a visitor?    No**

**9. Could your institution arrange accommodation for a visitor?    Yes, fee charged**

**Fee Charged (Euros)**

**10. Technical experience offered    Observer status only**

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
**INTERNATIONAL TEACHING CENTERS NETWORK**

**Department (City and Country)** Oral & Maxillofacial Surg. Marseilles, France

**Head of Department** Pr C.Chossegros

**Person responsible for education** Pr C.Chossgros

**Postal Address:** Road/Street **bd Jean Moulin**  
Town /City Marseilles cedex 5  
Post/ZIP Code 13385 Country France

**Telephone (inc code)** +33 4 91387320 **Fax (inc code)** +33491385634

**Cellphone (inc code)** +33611560927 **E-mail** cchossegros@ap-hm.fr

1. **Are you interested in receiving visiting clinicians?** **Fellows(Post-specialists)**

2. **Areas of clinical interest / expertise** **Please select ..**  
If 'other' **Salivary Glands**

3. **Language/s used for teaching:** **English & French**

4. **Is the Department currently teaching?** **Yes**

5. **At what level is teaching carried out?** **Intern/Resident**

6. **Is the Department accredited as an official training center in your Country?** **Yes**

7. **Period for which your Department is able to accept visiting trainees:** **1 month**

8. **Could your Department offer financial support or payment for work to a visitor?** **No**

9. **Could your institution arrange accommodation for a visitor?** **Yes, no charge**

**Fee Charged (Euros)**

10. **Technical experience offered** **Observer status only**

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
**INTERNATIONAL TEACHING CENTERS NETWORK**

**Department (City and Country)** Lille France

**Head of Department** Pr FERRI

**Person responsible for education** PR FERRI

**Postal Address:** Road/Street **Department of oral and maxillo-facail surgery. H R Salengro**  
**CHRU**

Town /City Lille cedex

Post/ZIP Code 59037 Country France

**Telephone (inc code)** 33 (0) 3 20 44 63 76 **Fax (inc code)** 33 (0) 3 20 44 63  
60

**Cellphone (inc code)** **E-mail** n-manderick°chru-lille.fr

1. **Are you interested in receiving visiting clinicians?** Trainees

2. **Areas of clinical interest / expertise** Orthognathic  
If 'other' preprosthetic surgeries, implant, maxillofacial reconstruction

3. **Language/s used for teaching:** French English

4. **Is the Department currently teaching?** Yes

5. **At what level is teaching carried out?** Post-specialist/Fellow

6. **Is the Department accredited as an official training center in your Country?** Yes

7. **Period for which your Department is able to accept visiting trainees:** 6 months

8. **Could your Department offer financial support or payment for work to a visitor?** No

9. **Could your institution arrange accommodation for a visitor?** Yes, fee charged

**Fee Charged (Euros)** 150 E/month

10. **Technical experience offered** Hands on clinical care and operating

Please return completed document to:

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
**INTERNATIONAL TEACHING CENTERS NETWORK**

Department (City and Country) Paris (Créteil) / France

Head of Department Pr Jean-Paul Meningaud

Person responsible for education Pr Meningaud

Postal Address: Road/Street 51 av du Marechal de Lattre

Town /City Creteil

Post/ZIP Code 94010

Country

France

Telephone (inc code) 33 1 49 81 25 31  
33 1 49 81 25 32

Fax (inc code)

Cellphone (inc code) 33 6 72 29 65 24  
meningaud@me.com

E-mail

1. Are you interested in receiving  
visiting clinicians?

Fellows(Post-specialists)

2. Areas of clinical interest / expertise

Reconstruction

If 'other' cosmetic

3. Language/s used for teaching:

French and English

4. Is the Department currently teaching?

Yes

5. At what level is teaching carried out?

Post-specialist/Fellow

6. Is the Department accredited as an  
official training center in your Country?

Yes

7. Period for which your Department is  
able to accept visiting trainees:

2-3 months

8. *Could your Department offer financial support or payment for work to a visitor? No*

9. *Could your institution arrange accommodation for a visitor?*

*Please select ..*

*Fee Charged (Euros)*

10. *Technical experience offered*

*Observer status only*

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EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY  
INTERNATIONAL TEACHING CENTERS NETWORK

Department (City and Country) maxillofacial surgery  
Head of Department DEVAUCHELLE BERNARD  
Person responsible for education TESTELIN SYLVIE  
Postal Address: Road/Street PLACE VICTOR PAUCHET  
Town /City AMIENS  
Post/ZIP Code FRANCE Country 80000  
Telephone (inc code) 0033322668322 Fax (inc code) 0033322668329  
Cellphone (inc code) 0033622518377 E-mail cmf@chu-amiens.fr

1. Are you interested in receiving visiting clinicians? Fellows(Post-specialists)
2. Areas of clinical interest / expertise Microsurgery  
If 'other' cleft , orthognathic, reconstruction ,dentoalveolar estehetic ....;
3. Language/s used for teaching: french/english
4. Is the Department currently teaching? Yes
5. At what level is teaching carried out? Intern/Resident
6. Is the Department accredited as an official training center in your Country? Yes
7. Period for which your Department is able to accept visiting trainees: 6 months
8. Could your Department offer financial support or payment for work to a visitor? No
9. Could your institution arrange accommodation for a visitor? Yes, fee charged  
Fee Charged (Euros)
10. Technical experience offered Hands on clinical care and operating

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
**INTERNATIONAL TEACHING CENTERS NETWORK**

<b>Department (City and Country)</b>	<b>Grenoble FRANCE</b>		
<b>Head of Department</b>	<b>G. Bettega</b>		
<b>Person responsible for education</b>	<b>G. Bettega</b>		
<b>Postal Address:</b>	<b>Road/Street</b>	<b>Service de chirurgie maxillo-faciale. Hôpital A Michallon. BP 217</b>	
	<b>Town /City</b>	<b>GRENOBLE</b>	
	<b>Post/ZIP Code</b>	<b>38043</b>	<b>Country</b> <b>France</b>
<b>Telephone (inc code)</b>	<b>+33476765528</b>	<b>Fax (inc code)</b>	<b>+33476768953</b>
<b>Cellphone (inc code)</b>		<b>E-mail</b>	<b>gbettega@chu-grenoble.fr</b>
<b>1. Are you interested in receiving visiting clinicians?</b>		<b>Trainees</b>	
<b>2. Areas of clinical interest / expertise</b>		<b>Craniofacial</b>	
	<b>If 'other'</b>	<b>orthognathic, cleft, reconstruction</b>	
<b>3. Language/s used for teaching:</b>		<b>french</b>	
<b>4. Is the Department currently teaching?</b>		<b>Yes</b>	
<b>5. At what level is teaching carried out?</b>		<b>Intern/Resident</b>	
<b>6. Is the Department accredited as an official training center in your Country?</b>		<b>Yes</b>	
<b>7. Period for which your Department is able to accept visiting trainees:</b>		<b>6 months</b>	
<b>8. Could your Department offer financial support or payment for work to a visitor?</b>		<b>No</b>	
<b>9. Could your institution arrange accommodation for a visitor?</b>		<b>Please select ..</b>	
	<b>Fee Charged (Euros)</b>	<b>No arrangement</b>	
<b>10. Technical experience offered</b>		<b>Hands on clinical care and operating</b>	

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**Department (City and Country)**                      **Maxillofacial Surgery, Pitié-Salpêtrière Hospital, Paris, France**

**Head of Department**                                      **Pr Patrick GOUDOT**

**Person responsible for education**                      **Pr Patrick GOUDOT**

**Postal Address:**                      Road/Street                      **Boulevard de l'Hôpital**

Town /City                      Paris

Post/ZIP Code                      75013                      Country                      France

**Telephone (inc code)**                      +33142161361                      **Fax (inc code)**                      +33142161369

**Cellphone (inc code)**    **E-mail**                      patrick.goudot@psl.aphp.fr

1. **Are you interested in receiving visiting clinicians?**    **Trainees**
2. **Areas of clinical interest / expertise**    **Oncology**  
     If 'other'                      **reconstruction, orthognathic, traumatology**
3. **Language/s used for teaching:**    **french**
4. **Is the Department currently teaching?**    **Yes**
5. **At what level is teaching carried out?**    **Intern/Resident**
6. **Is the Department accredited as an official training center in your Country?**    **Yes**
7. **Period for which your Department is able to accept visiting trainees:**    **1 year**
8. **Could your Department offer financial support or payment for work to a visitor?**    **Yes**
9. **Could your institution arrange accommodation for a visitor?**    **Please select ..**

**Fee Charged (Euros)**

10. **Technical experience offered**    **Hands on clinical care and operating**

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
**INTERNATIONAL TEACHING CENTERS NETWORK**

**Department (City and Country)** France  
**Head of Department** Pr Guyot  
**Person responsible for education** Pr Guyot  
**Postal Address:** Road/Street **Chemin des Bourrely**  
Town /City Marseille  
Post/ZIP Code 13015 Country France  
**Telephone (inc code)** +33491964551 **Fax (inc code)**  
**Cellphone (inc code)** +33620260443 **E-mail** laurent.guyot@ap-hm.fr

1. **Are you interested in receiving visiting clinicians?** **Fellows(Post-specialists)**
  2. **Areas of clinical interest / expertise** **Reconstruction**  
If 'other'
  3. **Language/s used for teaching:** **French, English**
  4. **Is the Department currently teaching?** **Yes**
  5. **At what level is teaching carried out?** **Post-specialist/Fellow**
  6. **Is the Department accredited as an official training center in your Country?** **Yes**
  7. **Period for which your Department is able to accept visiting trainees:** **1 month**
  8. **Could your Department offer financial support or payment for work to a visitor?** **No**
  9. **Could your institution arrange accommodation for a visitor?** **Please select ..**
- Fee Charged (Euros)**
10. **Technical experience offered** **Observer status only**

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
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**Department (City and Country)** Paris

**Head of Department** MP Vazquez

**Person responsible for education** A Picard/ MP Vazquez

**Postal Address:** Road/Street **Hôpital Necker 149 rue de Sevres**  
Town /City Paris  
Post/ZIP Code 75015 Country france

**Telephone (inc code)** 0033171396753 **Fax (inc code)**

**Cellphone (inc code)** 0033682107640 **E-mail** arnaud.picard@nck.aphp.fr

1. **Are you interested in receiving visiting clinicians?** Fellows(Post-specialists)
  2. **Areas of clinical interest / expertise** Cleft lip/palate  
If 'other'
  3. **Language/s used for teaching:** english/french
  4. **Is the Department currently teaching?** Yes
  5. **At what level is teaching carried out?** Intern/Resident
  6. **Is the Department accredited as an official training center in your Country?** Yes
  7. **Period for which your Department is able to accept visiting trainees:** 2-3 months
  8. **Could your Department offer financial support or payment for work to a visitor?** No
  9. **Could your institution arrange accommodation for a visitor?** Please select ..
- Fee Charged (Euros)**
10. **Technical experience offered** Observer status only

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
**INTERNATIONAL TEACHING CENTERS NETWORK**

Department (City and Country) Munich, Germany

Head of Department Prof. Dr. Dr. Wolff

Person responsible for education PD Dr. Dr. Kesting

Postal Address: Road/Street Ismaninger Str. 22

Town /City Munich

Post/ZIP Code 81675

Country

Germany

Telephone (inc code) 00498941402921  
00498941404339

Fax (inc code)

Cellphone (inc code)

E-mail

wolff@mkg.med.tum.de

1. Are you interested in receiving  
visiting clinicians?

Trainees

2. Areas of clinical interest / expertise

Reconstruction

If 'other'

3. Language/s used for teaching:

english

4. Is the Department currently teaching?

Yes

5. At what level is teaching carried out?

Intern/Resident

6. Is the Department accredited as an  
official training center in your Country?

Yes

7. Period for which your Department is  
able to accept visiting trainees:

1-2 weeks

8. Could your Department offer financial  
support or payment for work to a visitor? No

9. Could your institution arrange accommodation for a visitor?

Please select ..

Fee Charged (Euros)

10. Technical experience offered

Not applicable

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
INTERNATIONAL TEACHING CENTERS NETWORK

Department (City and Country) Oral- and Maxillofacial Surgery, Erlangen, Gemrany

Head of Department Prof. Dr. Dr. Dr. h. c. F. W. Neukam

Person responsible for education Prof. Neukam, Prof. Nkenke, PD Stelzle

Postal Address: Road/Street Glückstr. 11

Town /City Erlangen

Post/ZIP Code 91054 Country Germany

Telephone (inc code) +49 9131 8533601

Fax (inc code) +49 9131 8536288

Cellphone (inc code)

E-mail mkg-chirurgie@uk-erlangen.de

1. Are you interested in receiving visiting clinicians? Fellows(Post-specialists)

2. Areas of clinical interest / expertise Microsurgery

If 'other' CLP - Cleft Surgery

3. Language/s used for teaching: German/English

4. Is the Department currently teaching? Yes

5. At what level is teaching carried out? Post-specialist/Fellow

6. Is the Department accredited as an official training center in your Country? Yes

7. Period for which your Department is able to accept visiting trainees: 2-3 months

8. Could your Department offer financial support or payment for work to a visitor? No

9. Could your institution arrange accommodation for a visitor? Yes, fee charged

Fee Charged (Euros) ??

10. Technical experience offered Observer status only

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
**INTERNATIONAL TEACHING CENTERS NETWORK**

**Department (City and Country)** Oral, Cranio-Maxillofacial and Facial Plastic Surgery  
**Head of Department** Prof.Dr.Dr.Dr. Robert Sader  
**Person responsible for education** Prof.Dr.Dr.Dr. Robert Sader  
**Postal Address:** Road/Street **Theodor-Stern-Kai 7**  
Town /City Frankfurt am Main  
Post/ZIP Code 60590 Country Germany  
**Telephone (inc code)** +496963013744 **Fax (inc code)** +49 6963013785  
**Cellphone (inc code)** +491728512011 **E-mail** r.sader@em.uni-frankfurt.de

1. **Are you interested in receiving visiting clinicians?** **Fellows(Post-specialists)**
2. **Areas of clinical interest / expertise** **Cleft lip/palate**  
**If 'other'** oncology, orthognatic, implantology, TMJ, reconstruction
3. **Language/s used for teaching:** **German, English**
4. **Is the Department currently teaching?** **Yes**
5. **At what level is teaching carried out?** **Post-specialist/Fellow**
6. **Is the Department accredited as an official training center in your Country?** **Yes**
7. **Period for which your Department is able to accept visiting trainees:** **1 year**
8. **Could your Department offer financial support or payment for work to a visitor?** **No**
9. **Could your institution arrange accommodation for a visitor?** **Yes, fee charged**  
**Fee Charged (Euros)** none (at the moment)
10. **Technical experience offered** **Hands on clinical care and operating**

**Please return completed document to:**

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
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**Department (City and Country)** Univ. Hospital, Oral & Maxillofacial Surgery (Freiburg/Germany)  
**Head of Department** Prof. Dr. Dr. Rainer Schmelzeisen  
**Person responsible for education** Prof. Dr. Dr. Rainer Schmelzeisen  
**Postal Address:** Road/Street **Hugstetter Strasse 55**  
Town /City Freiburg  
Post/ZIP Code D-79106 Country Germany  
**Telephone (inc code)** +49 761 270-49400 **Fax (inc code)** +49761 270-48000  
**Cellphone (inc code)** **E-mail** rainer.schmelzeisen@uniklinik-freiburg.de

1. **Are you interested in receiving visiting clinicians?** **Fellows(Post-specialists)**
2. **Areas of clinical interest / expertise** **Reconstruction**  
If 'other' **Whole spectrum**
3. **Language/s used for teaching:** **English, German**
4. **Is the Department currently teaching?** **Yes**
5. **At what level is teaching carried out?** **Post-specialist/Fellow**
6. **Is the Department accredited as an official training center in your Country?** **Yes**
7. **Period for which your Department is able to accept visiting trainees:** **2-3 months**
8. **Could your Department offer financial support or payment for work to a visitor?** **No**
9. **Could your institution arrange accommodation for a visitor?** **Yes, fee charged**  
**Fee Charged (Euros)** Accommodation fee
10. **Technical experience offered** **Observer status only**

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
**INTERNATIONAL TEACHING CENTERS NETWORK**

Department (City and Country) *Bill Medical Private Hospital*

Head of Department *Dr. Dr. Josip S. Bill, MD, DDS, PhD*

Person responsible for education *Dr. Dr. Josip S. Bill, MD, DDS, PhD*

Postal Address: *Road/Street Theaterstrasse 20*

*Town /City Wuerzburg*

*Post/ZIP Code 97070*

*Country*

*Germany*

Telephone (inc code) *+49 931 45 242 11*  
*+49 931 45 242 12*

*Fax (inc code)*

Cellphone (inc code)  
*medical.com*

E-mail *info@bill-*

1. *Are you interested in receiving  
visiting clinicians?*

*Trainees*

2. *Areas of clinical interest / expertise*

*Other (please state)*

*If 'other' Orthognathic and Aesthetic*

3. *Language/s used for teaching:*

*German, English, Croatian*

4. *Is the Department currently teaching?*

*Yes*

5. *At what level is teaching carried out?*

*Not applicable*

6. *Is the Department accredited as an  
official training center in your Country?*

*Yes*

7. *Period for which your Department is  
able to accept visiting trainees:*

*2-3 months*

EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY  
INTERNATIONAL TEACHING CENTERS NETWORK

Department (City and Country) Hannover / Germany

Head of Department Prof. Dr. Dr. Nils-Claudius Gellrich

Person responsible for education Dr. Dr. Frank Tavassol, Dr. Dr. Harald Essig

Postal Address: Road/Street Carl-Neuberg-Str. 1

Town /City Hannover

Post/ZIP Code 30625 Country Germany

Telephone (inc code) + 49 511 532 4747

Fax (inc code) + 49 511 532 8726

Cellphone (inc code)

E-mail gellrich.nils-claudius@mh-hannover.de

1. Are you interested in receiving visiting clinicians?

Fellows(Post-specialists)

2. Areas of clinical interest / expertise

Please select ..

*Cosmetic, oncology, implantology, craniofacial, orthognathic, pathology, preprosthetic, cleft lip, reconstruction, microsurgery*

3. Language/s used for teaching:

German or English

4. Is the Department currently teaching?

Yes

5. At what level is teaching carried out?

Please select ..

*Intern/resident, post-specialist, fellow*

6. Is the Department accredited as an official training center in your Country?

Yes

7. Period for which your Department is able to accept visiting trainees:

Please select ..

*1-2 weeks, 1 month, 2-3 months, 6 months, 1 year, 2 years*

8. Could your Department offer financial support or payment for work to a visitor? No

9. Could your institution arrange accommodation for a visitor?

Yes, fee charged

Fee Charged (Euros)

400

10. Technical experience offered

Please select ..

*Hands on clinical care and operating, and observe status also*

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
**INTERNATIONAL TEACHING CENTERS NETWORK**

<b>Department (City and Country)</b>	<b>Departement of Oral and Maxillofacial Surgery, Aachen, Germany</b>		
<b>Head of Department</b>	<b>Univ.-Prof. Dr. med. Dr. med. dent. Frank Hölzle</b>		
<b>Person responsible for education</b>	<b>Univ.-Prof. Dr. med. Dr. med. dent. Frank Hölzle</b>		
<b>Postal Address:</b>	<b>Road/Street</b>	<b>Pauwelsstraße 30</b>	
	<b>Town /City</b>	<b>Aachen</b>	
	<b>Post/ZIP Code</b>	<b>52074</b>	<b>Country</b> <b>Germany</b>
<b>Telephone (inc code)</b>	<b>+49 241 80-88231</b>	<b>Fax (inc code)</b>	<b>+49 241 80-82430</b>
<b>Cellphone (inc code)</b>	<b>E-mail</b> <a href="mailto:mkg-chirurgie@ukaachen.de">mkg-chirurgie@ukaachen.de</a>		
<b>1. Are you interested in receiving visiting clinicians?</b>	<b>Trainees</b>		
<b>2. Areas of clinical interest / expertise</b>	<b>Reconstruction</b>		
	<b>If 'other'</b>		
<b>3. Language/s used for teaching:</b>	<b>German, English</b>		
<b>4. Is the Department currently teaching?</b>	<b>Yes</b>		
<b>5. At what level is teaching carried out?</b>	<b>Intern/Resident</b>		
<b>6. Is the Department accredited as an official training center in your Country?</b>	<b>Yes</b>		
<b>7. Period for which your Department is able to accept visiting trainees:</b>	<b>6 months</b>		
<b>8. Could your Department offer financial support or payment for work to a visitor?</b>	<b>No</b>		
<b>9. Could your institution arrange accommodation for a visitor?</b>	<b>Yes, fee charged</b>		
	<b>Fee Charged (Euros)</b>	<b>In our Guesthouse 50 €/day, in the residential accomodation 350 €/month</b>	
<b>10. Technical experience offered</b>	<b>Hands on clinical care and operating</b>		

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8. *Could your Department offer financial support or payment for work to a visitor? No*

9. *Could your institution arrange accommodation for a visitor?*

*Yes, no charge*

*Fee Charged (Euros)*

10. *Technical experience offered*

*Not applicable*

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
**INTERNATIONAL TEACHING CENTERS NETWORK**

**Department (City and Country)** Oral and Maxillofacial Surgery, Military Hospital Ulm, Germany  
Academic Hospital of the University of Ulm, Germany

**Head of Department** Prof. Dr. Dr. Alexander Schramm

**Person responsible for education** Prof. Dr. Dr. Alexander Schramm

**Postal Address:** Road/Street **Oberer Eselsberg 40**  
Town /City **Ulm**  
Post/ZIP Code **89081** Country **Germany**

**Telephone (inc code)** +49-731-17101701 **Fax (inc code)** +49-731-17101706

**Cellphone (inc code)** +49-173-9865751 **E-mail** alexander.schramm@extern.uni-ulm.de

1. **Are you interested in receiving visiting clinicians?** **Fellows(Post-specialists)**
2. **Areas of clinical interest / expertise** **Reconstruction**  
**If 'other' also for trainees** **Implantology, Orthognathic, Trauma, Tumor**
3. **Language/s used for teaching:** **German and English**
4. **Is the Department currently teaching?** **Yes**
5. **At what level is teaching carried out?** **Please select ..**
6. **Is the Department accredited as an official training center in your Country?** **Yes**
7. **Period for which your Department is able to accept visiting trainees:** **2 years**
8. **Could your Department offer financial support or payment for work to a visitor?** **No**
9. **Could your institution arrange accommodation for a visitor?** **Please select ..**

**Fee Charged (Euros)**

10. **Technical experience offered** **Hands on clinical care and operating**

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
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**Department (City and Country)**      **DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY, Evagelismos Hospital, Children's Hospital, UNIVERSITY OF ATHENS, GREECE**

**Head of Department**      **PROF.KONSTANTINOS ALEXANDRIDIS**

**Person responsible for education**      **PROF.N.PAPADOGEOGAKIS,PROF.I.IATROU**

**Postal Address:**      Road/Street      **THIVON 2,**

   Town /City      **GOUDI**

   Post/ZIP Code      11527      Country      **GREECE**

**Telephone (inc code)**      ++3020107461267

**Fax (inc code)**      ++302107461266

**Cellphone (inc code)**      ++306944338142

**E-mail**      alexandridis6@gmail.com

**1. Are you interested in receiving visiting clinicians?**

**Trainees**

**2. Areas of clinical interest / expertise**

**Oncology**

**If 'other'**

**cleft palate,trauma,craniofacial,orthognathic**

**3. Language/s used for teaching:**

**english**

**4. Is the Department currently teaching?**

**Yes**

**5. At what level is teaching carried out?**

**Intern/Resident**

**6. Is the Department accredited as an official training center in your Country?**

**Yes**

**7. Period for which your Department is able to accept visiting trainees:**

**1 month**

**8. Could your Department offer financial support or payment for work to a visitor?**

**No**

**9. Could your institution arrange accommodation for a visitor?**

**Please select ..**

**Fee Charged (Euros)**

**10. Technical experience offered**

**Observer status only**

**Please return completed document to:**

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**Midhurst West Sussex  
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**Fax: +44 1730 812042**

**e-mail: [secretariat@eacmfs.org](mailto:secretariat@eacmfs.org)**

**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
**INTERNATIONAL TEACHING CENTERS NETWORK**

Department (City and Country) *Oral & Maxillofacial Surgery General Hospital of Attica "KAT", Athens, Greece*

Head of Department *George Rallis*

Person responsible for education *George Rallis*

Postal Address: *Road/Street 2, Nikis Street*

*Town /City Kifissia, Athens*

*Post/ZIP Code 14561*

*Country Greece*

Telephone (inc code) *+302132086327*  
*+302132086540*

*Fax (inc code)*

Cellphone (inc code) *+306945269626*  
*rallisg@gmail.com*

*E-mail*

1. *Are you interested in receiving visiting clinicians?*

*Trainees*

2. *Areas of clinical interest / expertise*

*Other (please state)*

*If 'other' Trauma*

3. *Language/s used for teaching:*

*Greek, English*

4. *Is the Department currently teaching?*

*Yes*

5. *At what level is teaching carried out?*

*Intern/Resident*

6. *Is the Department accredited as an official training center in your Country?*

*Yes*

7. *Period for which your Department is able to accept visiting trainees:*

*2-3 months*

8. *Could your Department offer financial support or payment for work to a visitor? No*

9. *Could your institution arrange accommodation for a visitor?*

*Please select ..*

*Fee Charged (Euros)*

10. *Technical experience offered*

*Observer status only*

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
**INTERNATIONAL TEACHING CENTERS NETWORK**

**Department (City and Country)** Budapest, Hungary  
**Head of Department** Prof. dr. József BARABÁS  
**Person responsible for education** Prof. dr. József BARABÁS  
**Postal Address:** Road/Street **Mária u.**  
Town /City Budapest  
Post/ZIP Code 1085 Country Hungary  
**Telephone (inc code)** 00-36-1-2660-456 **Fax (inc code)** 00-36-1-2660-456  
**Cellphone (inc code)** **E-mail** barabas.jozsef@dent.semmelweis-univ.hu

1. **Are you interested in receiving visiting clinicians?** Trainees
2. **Areas of clinical interest / expertise** Oncology  
If 'other'
3. **Language/s used for teaching:** german/english
4. **Is the Department currently teaching?** Yes
5. **At what level is teaching carried out?** Undergraduate
6. **Is the Department accredited as an official training center in your Country?** Yes
7. **Period for which your Department is able to accept visiting trainees:** 1-2 weeks
8. **Could your Department offer financial support or payment for work to a visitor?** No
9. **Could your institution arrange accommodation for a visitor?** Yes, fee charged  
**Fee Charged (Euros)**
10. **Technical experience offered** Observer status only

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY  
INTERNATIONAL TEACHING CENTERS NETWORK**

**Department (City and Country)** Milan - Italy  
**Head of Department** Federico Biglioli  
**Person responsible for education** Federico Biglioli  
**Postal Address:** Road/Street Via A. di Rudini 8  
Town /City Milan  
Post/ZIP Code 20090 Country Italy  
**Telephone (inc code)** 0039(0)2 81844707 **Fax (inc code)**  
**Cellphone (inc code)** 00393386574402 **E-mail** federico.biglioli@unimi.it

1. **Are you interested in receiving visiting clinicians?** Trainees
2. **Areas of clinical interest / expertise** Microsurgery  
If 'other' Facial Paralyzes
3. **Language/s used for teaching:** english
4. **Is the Department currently teaching?** Yes
5. **At what level is teaching carried out?** Intern/Resident
6. **Is the Department accredited as an official training center in your Country?** Yes
7. **Period for which your Department is able to accept visiting trainees:** 1 year
8. **Could your Department offer financial support or payment for work to a visitor?** No
9. **Could your institution arrange accommodation for a visitor?** Yes, fee charged  
Fee Charged (Euros) 300?
10. **Technical experience offered** Hands on clinical care and operating

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
**INTERNATIONAL TEACHING CENTERS NETWORK**

Department (City and Country) *Department of Neurosciences and Reproductive and Odontostomatological Sciences, Division of Maxillo-Facial Surgery, Università degli Studi di Napoli Federico II, Naples, Italy*

Head of Department *Luigi Califano, MD*

Person responsible for education *Luigi Califano, MD*

Postal Address: Road/Street *Via Sergio Pansini, 5*

Town /City *Naples*

Post/ZIP Code *80131*

Country *Italy*

Telephone (inc code) *+30 081 7462084*  
*+30 081 5453491*

Fax (inc code)

Cellphone (inc code) *+30 336 946331*  
*califano@unina.it*

E-mail

1. Are you interested in receiving  
visiting clinicians?

*Trainees*

2. Areas of clinical interest / expertise

*Oncology*

If 'other' *Salivary gland surgery*

3. Language/s used for teaching:

*English, Italian*

4. Is the Department currently teaching?

*Yes*

5. At what level is teaching carried out?

*Intern/Resident*

6. Is the Department accredited as an  
official training center in your Country?

*Yes*

7. Period for which your Department is  
able to accept visiting trainees:

*6 months*

**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
**INTERNATIONAL TEACHING CENTERS NETWORK**

Department (City and Country) DEPARTMENT OF CRANIO-MAXILLO-FACIAL  
SURGERY - Center for Orbital Pathology & Surgery - Reference Center for Rare Diseases  
FERRARA - ITALY [www.drclausser.com](http://www.drclausser.com)

Head of Department PROF. LUIGI C. CLAUSER

Person responsible for education Luigi C. Clausser, Manlio Galiè, Riccardo Tieghi

Postal Address: Road/Street VIA ALDO MORO 8

Town /City FERRARA - CONA

Post/ZIP Code 44124 Country ITALY

Telephone (inc code) +390532237059 Fax (inc code)  
+390532237615

Cellphone (inc code) E-mail [csr@unife.it](mailto:csr@unife.it)

1. Are you interested in receiving  
visiting clinicians?

Fellows(Post-specialists)

2. Areas of clinical interest / expertise

Craniofacial

If 'other' Orbital Surgery all spectrum, Tissue  
Engineering - Fat Grafting - Stem Cell Research ,  
Distraction Osteogenesis, Orthognathic Surgery, TMJ  
all spectrum

3. Language/s used for teaching:

ENGLISH

4. Is the Department currently teaching?

Yes

5. At what level is teaching carried out?

Post-specialist/Fellow

6. Is the Department accredited as an  
official training center in your Country?

Yes

**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
**INTERNATIONAL TEACHING CENTERS NETWORK**

**Department (City and Country)** Chirurgia Maxillo-Facciale / Pavia / Italia  
**Head of Department** Prof Dott Silvestre Galioto  
**Person responsible for education** Prof Dott Silvestre Galioto  
**Postal Address:** Road/Street piazzale Golgi 18  
Town /City Pavia  
Post/ZIP Code 27100 Country Italia  
**Telephone (inc code)** +390382501608 **Fax (inc code)**  
**Cellphone (inc code)** +393356436541 **E-mail** silvestre.galioto@unipv.it

1. **Are you interested in receiving visiting clinicians?** Trainees
2. **Areas of clinical interest / expertise** Orthognathic  
If 'other' orbit sugery
3. **Language/s used for teaching:** English/ Italian
4. **Is the Department currently teaching?** Yes
5. **At what level is teaching carried out?** Intern/Resident
6. **Is the Department accredited as an official training center in your Country?** Yes
7. **Period for which your Department is able to accept visiting trainees:** 1 month
8. **Could your Department offer financial support or payment for work to a visitor?** No
9. **Could your institution arrange accommodation for a visitor?** Yes, fee charged  
**Fee Charged (Euros)**
10. **Technical experience offered** Observer status only

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7. Period for which your Department is able to accept visiting trainees: 6 months
8. Could your Department offer financial support or payment for work to a visitor? No
9. Could your institution arrange accommodation for a visitor? Please select ..

Fee Charged (Euros)

10. Technical experience offered Observer status only

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8. *Could your Department offer financial support or payment for work to a visitor? No*

9. *Could your institution arrange accommodation for a visitor?*

*Please select ..*

*Fee Charged (Euros)*

10. *Technical experience offered*  
*Hands on clinical care and operating*

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
**INTERNATIONAL TEACHING CENTERS NETWORK**

**Department (City and Country)** Maxillo-Facial Department "Belcolle" Hospital . Viterbo. Italy

**Head of Department** Prof. Claudio Taglia

**Person responsible for education** DR. Andrea Carboni

**Postal Address:** Road/Street **Strada Sammartinese s.n.c.**  
Town /City Viterbo  
Post/ZIP Code 01100 Country Italy

**Telephone (inc code)** +39.0761.339346 **Fax (inc code)** +39.0761.339346

**Cellphone (inc code)** +39.335343217 **E-mail** c.matteini@asl.vt.it

1. **Are you interested in receiving visiting clinicians?** Trainees

2. **Areas of clinical interest / expertise** Orthognathic  
If 'other' Aesthetic/Cosmetic

3. **Language/s used for teaching:** English.Spanish

4. **Is the Department currently teaching?** Yes

5. **At what level is teaching carried out?** Undergraduate

6. **Is the Department accredited as an official training center in your Country?** Yes

7. **Period for which your Department is able to accept visiting trainees:** 2-3 months

8. **Could your Department offer financial support or payment for work to a visitor?** No

9. **Could your institution arrange accommodation for a visitor?** Yes, fee charged  
**Fee Charged (Euros)** 200

10. **Technical experience offered** Hands on clinical care and operating

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
**INTERNATIONAL TEACHING CENTERS NETWORK**

**Department (City and Country)** Department of Maxillofacial Surgery, Regional University  
Hospital, Udine, Italy

**Head of Department** Dr. Antonio Maria Miotti

**Person responsible for education** Dr. Antonio Maria Miotti

**Postal Address:** Road/Street **P.za S.Maria della Misericordia**  
Town /City Udine  
Post/ZIP Code 33100 Country Italy

**Telephone (inc code)** +39 0432 552919 **Fax (inc code)** +39 0432 552919

**Cellphone (inc code)** +39 328 1505553 **E-mail** miotti.antonio@aoud.sanita.fvg.it

1. **Are you interested in receiving visiting clinicians?** Trainees
  2. **Areas of clinical interest / expertise** Orthognathic  
If 'other' Preprosthetic
  3. **Language/s used for teaching:** Italian/English
  4. **Is the Department currently teaching?** Yes
  5. **At what level is teaching carried out?** Intern/Resident
  6. **Is the Department accredited as an official training center in your Country?** Yes
  7. **Period for which your Department is able to accept visiting trainees:** 1-2 weeks
  8. **Could your Department offer financial support or payment for work to a visitor?** No
  9. **Could your institution arrange accommodation for a visitor?** Please select ..
- Fee Charged (Euros)**
10. **Technical experience offered** Observer status only

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
**INTERNATIONAL TEACHING CENTERS NETWORK**

**Department (City and Country)** Nijmegen Netherlands  
**Head of Department** Prof. Dr. S. Bergé  
**Person responsible for education** Prof. Dr. S. Bergé  
**Postal Address:** Road/Street **geert Grooteplein 14**  
Town /City Nijmegen  
Post/ZIP Code 6500 HB Country Netherlands  
**Telephone (inc code)** 0031243614550 **Fax (inc code)**  
**Cellphone (inc code)** **E-mail** s.berge@mka.umcn.nl

1. **Are you interested in receiving visiting clinicians?** **Fellows(Post-specialists)**
2. **Areas of clinical interest / expertise** **Oncology**  
If 'other' **Craniofacial and Cleft**
3. **Language/s used for teaching:** **English and Dutch**
4. **Is the Department currently teaching?** **Yes**
5. **At what level is teaching carried out?** **Intern/Resident**
6. **Is the Department accredited as an official training center in your Country?** **Yes**
7. **Period for which your Department is able to accept visiting trainees:** **2-3 months**
8. **Could your Department offer financial support or payment for work to a visitor?** **No**
9. **Could your institution arrange accommodation for a visitor?** **Please select ..**  
**Fee Charged (Euros)** 25 Euro/day
10. **Technical experience offered** **Observer status only**

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
**INTERNATIONAL TEACHING CENTERS NETWORK**

**Department (City and Country)** Oral & Maxillofacial Surgery, University Medical Center Groningen

**Head of Department** Prof. dr. F.K.L. Spijkervet

**Person responsible for education** Prof. dr. F.K.L. Spijkervet / Dr. B. van Minnen

**Postal Address:**

Road/Street	Hanzeplein 1		
Town /City	Groningen		
Post/ZIP Code	9713 GZ	Country	Netherlands

**Telephone (inc code)** +31 50 3613840      **Fax (inc code)** n.a.

**Cellphone (inc code)**      **E-mail** k.a.de.vries@umcg.nl

1. **Are you interested in receiving visiting clinicians?**      **Fellows(Post-specialists)**
2. **Areas of clinical interest / expertise**      **TMJ disease**  
**If 'other'**      **plus Implantology, Oral Medicine, Oncology, Orthognathic Surgery, Traumatology**
3. **Language/s used for teaching:**      **Dutch/English**
4. **Is the Department currently teaching?**      **Yes**
5. **At what level is teaching carried out?**      **Intern/Resident**
6. **Is the Department accredited as an official training center in your Country?**      **Yes**
7. **Period for which your Department is able to accept visiting trainees:**      **2-3 months**
8. **Could your Department offer financial support or payment for work to a visitor?**      **No**
9. **Could your institution arrange accommodation for a visitor?**      **Yes, fee charged**  
**Fee Charged (Euros)**      pending
10. **Technical experience offered**      **Hands on clinical care and operating**

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
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**Department (City and Country)**

**Antoni van Leeuwenhoek -The Netherlands Cancer Institute  
Department of Head and Neck Surgery and Oncology**

**Head of Department Prof. Dr. Michiel van den Brekel**

**Person responsible for education Prof. Dr. Ludi E. Smeele**

**Postal Address: Road/Street Plesmanlaan 121**

Town /City Amsterdam

Post/ZIP Code 1066 CX Country Amsterdam

**Telephone (inc code) +31 20 512 2550 Fax (inc code)**

**Cellphone (inc code) E-mail l.smeele@nki.nl**

1. Are you interested in receiving visiting clinicians? **Fellows(Post-specialists)**
2. Areas of clinical interest / expertise **Oncology**  
If 'other'
3. Language/s used for teaching: **english**
4. Is the Department currently teaching? **Yes**
5. At what level is teaching carried out? **Post-specialist/Fellow**
6. Is the Department accredited as an official training center in your Country? **Yes**
7. Period for which your Department is able to accept visiting trainees: **1 month**
8. Could your Department offer financial support or payment for work to a visitor? **No**
9. Could your institution arrange accommodation for a visitor? **Yes, fee charged**  
**Fee Charged (Euros) 400/ month**
10. Technical experience offered **Observer status only**

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY  
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<b>Department (City and Country)</b>	<b>Lodz, Poland</b>		
<b>Head of Department</b>	<b>Marcin Kozakiewicz</b>		
<b>Person responsible for education</b>	<b>Marcin Kozakiewicz</b>		
<b>Postal Address:</b>	<b>Road/Street</b>	<b>Zeromskiego 113</b>	
	<b>Town /City</b>	<b>Lodz</b>	
	<b>Post/ZIP Code</b>	<b>90-459</b>	<b>Country</b> <b>Poland</b>
<b>Telephone (inc code)</b>	<b>0048426393738</b>	<b>Fax (inc code)</b>	<b>0048426393739</b>
<b>Cellphone (inc code)</b>		<b>E-mail</b>	<b>mm_kk@toya.net.pl</b>
<b>1. Are you interested in receiving visiting clinicians?</b>		<b>Trainees</b>	
<b>2. Areas of clinical interest / expertise</b>		<b>Other (please state)</b>	
	<b>If 'other'</b>	<b>orbital surgery</b>	
<b>3. Language/s used for teaching:</b>		<b>English</b>	
<b>4. Is the Department currently teaching?</b>		<b>Yes</b>	
<b>5. At what level is teaching carried out?</b>		<b>Post-specialist/Fellow</b>	
<b>6. Is the Department accredited as an official training center in your Country?</b>		<b>Yes</b>	
<b>7. Period for which your Department is able to accept visiting trainees:</b>		<b>1-2 weeks</b>	
<b>8. Could your Department offer financial support or payment for work to a visitor?</b>		<b>No</b>	
<b>9. Could your institution arrange accommodation for a visitor?</b>		<b>Yes, fee charged</b>	
	<b>Fee Charged (Euros)</b>	<b>80/night</b>	
<b>10. Technical experience offered</b>		<b>Observer status only</b>	

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY  
INTERNATIONAL TEACHING CENTERS NETWORK**

<b>Department (City and Country)</b>	<b>Maxillofacial Surgery Department (Lisbon, Portugal)</b>		
<b>Head of Department</b>	<b>Prof. Dr. Paulo Valejo Coelho</b>		
<b>Person responsible for education</b>	<b>Dr. Fernando Cabrita</b>		
<b>Postal Address:</b>	<b>Road/Street</b>	<b>R. José António Serrano</b>	
	<b>Town /City</b>	<b>Lisboa</b>	
	<b>Post/ZIP Code</b>	<b>1150-199</b>	<b>Country Portugal</b>
<b>Telephone (inc code)</b>	<b>+351 218 841 000</b>	<b>Fax (inc code)</b>	<b>+351 218 864 616</b>
<b>Cellphone (inc code)</b>	<b>E-mail</b> <a href="http://www.chlc.min-saude.pt">http://www.chlc.min-saude.pt</a>		
<b>1. Are you interested in receiving visiting clinicians?</b>	<b>Trainees</b>		
<b>2. Areas of clinical interest / expertise</b>	<b>Oncology</b>		
	<b>If 'other'</b>	<b>Traumatology, orthognatic, TMJ, reconstruction, Salivary glands, aesthetic, oral surgery and pathology</b>	
<b>3. Language/s used for teaching:</b>	<b>Portuguese, english, frech, spanish</b>		
<b>4. Is the Department currently teaching?</b>	<b>Yes</b>		
<b>5. At what level is teaching carried out?</b>	<b>Intern/Resident</b>		
<b>6. Is the Department accredited as an official training center in your Country?</b>	<b>Yes</b>		
<b>7. Period for which your Department is able to accept visiting trainees:</b>	<b>2-3 months</b>		
<b>8. Could your Department offer financial support or payment for work to a visitor?</b>	<b>No</b>		
<b>9. Could your institution arrange accommodation for a visitor?</b>	<b>Please select ..</b>		
<b>Fee Charged (Euros)</b>			
<b>10. Technical experience offered</b>	<b>Observer status only</b>		

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
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**Department (City and Country)** Lisbon - Portugal Maxillo-facial Surgery & Implantology/Dentistry Department at Hospital Cuf Descobertas

**Head of Department** Correia, Pedro MD,DDS

**Person responsible for education** Pereira, Hugo MD

**Postal Address:** Road/Street **Rua Mario Botas**  
Town /City Lisbon  
Post/ZIP Code 1998-018 Country Portugal

**Telephone (inc code)** +351210025229 **Fax (inc code)** +351210025554

**Cellphone (inc code)** +351962827289 **E-mail** hugo.pereira@jmellosaude.pt

1. Are you interested in receiving visiting clinicians? **Trainees**
2. Areas of clinical interest / expertise **Orthognathic**  
If 'other' **Implantology/Pre-prosthetic Surgery**
3. Language/s used for teaching: **English /Français**
4. Is the Department currently teaching? **Yes**
5. At what level is teaching carried out? **Intern/Resident**
6. Is the Department accredited as an official training center in your Country? **No**
7. Period for which your Department is able to accept visiting trainees: **2-3 months**
8. Could your Department offer financial support or payment for work to a visitor? **No**
9. Could your institution arrange accommodation for a visitor? **Yes, fee charged**  
**Fee Charged (Euros)** variable
10. Technical experience offered **Observer status only**

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
**INTERNATIONAL TEACHING CENTERS NETWORK**

**Department (City and Country)** Cranio-Maxillofacial Surgery, Cluj-Napoca, Romania  
**Head of Department** Prof. Dr. Dr. Grigore Baciut  
**Person responsible for education** Prof. Dr. Dr. Mihaela Baciut  
**Postal Address:** Road/Street **Str. Cardinal Iuliu Hossu 37**  
Town /City Cluj-Napoca  
Post/ZIP Code 400029 Country Romania  
**Telephone (inc code)** 0040-264-450300 **Fax (inc code)** 0040-264-450300  
**Cellphone (inc code)** **E-mail** mbaciut@yahoo.com

1. **Are you interested in receiving visiting clinicians?** Trainees
  2. **Areas of clinical interest / expertise** Orthognathic  
If 'other' Oncology, Dentoalveolar Surgery, Clefts, Preprosthetic, Microsurgery, Reconstruction
  3. **Language/s used for teaching:** English, French, German
  4. **Is the Department currently teaching?** Yes
  5. **At what level is teaching carried out?** Intern/Resident
  6. **Is the Department accredited as an official training center in your Country?** Yes
  7. **Period for which your Department is able to accept visiting trainees:** 1 month
  8. **Could your Department offer financial support or payment for work to a visitor?** No
  9. **Could your institution arrange accommodation for a visitor?** Please select ..
- Fee Charged (Euros)**
10. **Technical experience offered** Hands on clinical care and operating

**Please return completed document to:**

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
**INTERNATIONAL TEACHING CENTERS NETWORK**

**Department (City and Country)** IASI, ROMANIA  
**Head of Department** Prof. Dr. Eugenia POPESCU  
**Person responsible for education** Prof. Dr. Eugenia POPESCU  
**Postal Address:** Road/Street **INDEPENDENȚEI**  
Town /City IAȘI  
Post/ZIP Code 6600 Country ROMANIA  
**Telephone (inc code)** **Fax (inc code)** 0040232217781  
**Cellphone (inc code)** 0040727118228 **E-mail** VICTORCOSTAN@GMAIL.COM

1. **Are you interested in receiving visiting clinicians?** Trainees
2. **Areas of clinical interest / expertise** Oncology  
If 'other'
3. **Language/s used for teaching:** ENGLISH
4. **Is the Department currently teaching?** Yes
5. **At what level is teaching carried out?** Intern/Resident
6. **Is the Department accredited as an official training center in your Country?** Yes
7. **Period for which your Department is able to accept visiting trainees:** 1 month
8. **Could your Department offer financial support or payment for work to a visitor?** No
9. **Could your institution arrange accommodation for a visitor?** Yes, fee charged  
**Fee Charged (Euros)** 150 EURO/MONTH
10. **Technical experience offered** Hands on clinical care and operating

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
**INTERNATIONAL TEACHING CENTERS NETWORK**

**Department (City and Country)** IASI, ROMANIA  
**Head of Department** Prof. Dr. Eugenia POPESCU  
**Person responsible for education** Asist Prof. Dr. Victor-Vlad COSTAN  
**Postal Address:** Road/Street **INDEPENDENȚEI**  
Town /City IAȘI  
Post/ZIP Code 6600 Country ROMANIA  
**Telephone (inc code)** **Fax (inc code)** 0040232217781  
**Cellphone (inc code)** 0040727118228 **E-mail** VICTORCOSTAN@GMAIL.COM

1. **Are you interested in receiving visiting clinicians?** Trainees
2. **Areas of clinical interest / expertise** Microsurgery  
If 'other'
3. **Language/s used for teaching:** ENGLISH
4. **Is the Department currently teaching?** Yes
5. **At what level is teaching carried out?** Intern/Resident
6. **Is the Department accredited as an official training center in your Country?** Yes
7. **Period for which your Department is able to accept visiting trainees:** 1 month
8. **Could your Department offer financial support or payment for work to a visitor?** No
9. **Could your institution arrange accommodation for a visitor?** Yes, fee charged  
**Fee Charged (Euros)** 150 EURO/MONTH
10. **Technical experience offered** Hands on clinical care and operating

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
**INTERNATIONAL TEACHING CENTERS NETWORK**

**Department (City and Country)** Cranio-Maxillofacial Surgery, Moscow, Russian Federation  
**Head of Department** Prof. Alexey Drobyshev DDS, MD  
**Person responsible for education** Prof. Alexey Drobyshev DDS, MD  
**Postal Address:** Road/Street **Vucheticha 9a**  
Town /City **Moscow**  
Post/ZIP Code **127206** Country **Russian Federation**  
**Telephone (inc code)** 0074956114336 **Fax (inc code)** 0074956114336  
**Cellphone (inc code)** **E-mail** dr.drobyshev@gmail.com

1. **Are you interested in receiving visiting clinicians?** **Fellows(Post-specialists)**
2. **Areas of clinical interest / expertise** **Orthognathic**  
If 'other' **Reconstruction, TMJ disease**
3. **Language/s used for teaching:** **English**
4. **Is the Department currently teaching?** **Yes**
5. **At what level is teaching carried out?** **Post-specialist/Fellow**
6. **Is the Department accredited as an official training center in your Country?** **Yes**
7. **Period for which your Department is able to accept visiting trainees:** **6 months**
8. **Could your Department offer financial support or payment for work to a visitor?** **No**
9. **Could your institution arrange accommodation for a visitor?** **Yes, no charge**  
**Fee Charged (Euros)**
10. **Technical experience offered** **Hands on clinical care and operating**

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
**INTERNATIONAL TEACHING CENTERS NETWORK**

**Department (City and Country)** Belgrade, Serbia  
**Head of Department** Prof. Milovan Dimitrijevic  
**Person responsible for education** Prof Milovan Dimitrijevic  
**Postal Address:** Road/Street **Pasterova 2**  
Town /City Belgrade  
Post/ZIP Code 11000 Country Serbia  
**Telephone (inc code)** +381112643694 **Fax (inc code)** +381112643694  
**Cellphone (inc code)** +381668300632 **E-mail** milovan.dimitrijevic@kcs.ac.rs

1. **Are you interested in receiving visiting clinicians?** Trainees
2. **Areas of clinical interest / expertise** Other (please state)  
If 'other' Traumatology, Ocological surgery
3. **Language/s used for teaching:** Serbian, English
4. **Is the Department currently teaching?** Yes
5. **At what level is teaching carried out?** Intern/Resident
6. **Is the Department accredited as an official training center in your Country?** Yes
7. **Period for which your Department is able to accept visiting trainees:** 2-3 months
8. **Could your Department offer financial support or payment for work to a visitor?** No
9. **Could your institution arrange accommodation for a visitor?** Please select ..  
**Fee Charged (Euros)**
10. **Technical experience offered** Observer status only

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY  
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**Department (City and Country)** Clinic for Maxillofacial Surgery, School of Dentistry, Belgrade, Serbia

**Head of Department** Prof. M. Gavrić

**Person responsible for education** Prof. V.Konstantinović

**Postal Address:** Road/Street **Dr. Subotića 4**

Town /City Belgrade

Post/ZIP Code 11000 Country Serbia

**Telephone (inc code)** +3812685342 **Fax (inc code)** +3812685342

**Cellphone (inc code)** +38163263887 **E-mail** v.konstantinovic@stomf.bg.ac.rs

1. Are you interested in receiving visiting clinicians? Trainees
2. Areas of clinical interest / expertise Orthognathic  
If 'other' extraoral implantology; MF prosthodontics
3. Language/s used for teaching: English
4. Is the Department currently teaching? Yes
5. At what level is teaching carried out? Intern/Resident
6. Is the Department accredited as an official training center in your Country? Yes
7. Period for which your Department is able to accept visiting trainees: 1 month
8. Could your Department offer financial support or payment for work to a visitor? No
9. Could your institution arrange accommodation for a visitor? Yes, fee charged  
Fee Charged (Euros)
10. Technical experience offered Observer status only

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
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**Department (City and Country)** Clinic for maxillofacial surgery ,Nis,Serbia

**Head of Department** Prof.dr Dragan Krasic

**Person responsible for education** Prof.dr Dragan Krasic

**Postal Address:** Road/Street **Bldv.Zorana Djindjica 52**

Town /City Nis

Post/ZIP Code 18000 Country Serbia

**Telephone (inc code)** 99381184536736 **Fax (inc code)** 99381184536736

**Cellphone (inc code)** **E-mail** stomatolog\_nis@ptt.rs

1. **Are you interested in receiving visiting clinicians?** Trainees

2. **Areas of clinical interest / expertise** Oncology

If 'other' cleft lip/palate,traumatology

3. **Language/s used for teaching:** english

4. **Is the Department currently teaching?** Yes

5. **At what level is teaching carried out?** Intern/Resident

6. **Is the Department accredited as an official training center in your Country?** Yes

7. **Period for which your Department is able to accept visiting trainees:** 1 month

8. **Could your Department offer financial support or payment for work to a visitor?** No

9. **Could your institution arrange accommodation for a visitor?** Yes, fee charged

**Fee Charged (Euros)**

10. **Technical experience offered** Hands on clinical care and operating

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
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**Department (City and Country)** Ramon y Cajal University Hospital, Madrid (Spain)

**Head of Department** Julio ACERO

**Person responsible for education** F. ALMEIDA

**Postal Address:** Road/Street **Ctra. de Colmenar Viejo km. 9,100**

Town /City Madrid

Post/ZIP Code 28034 Country Spain

**Telephone (inc code)** 0034 913368000 **Fax (inc code)**

**Cellphone (inc code)** **E-mail** j-acero@telefonica.net

1. **Are you interested in receiving visiting clinicians?** Trainees
  2. **Areas of clinical interest / expertise** Oncology  
If 'other' reconstruction
  3. **Language/s used for teaching:** English, Spanish
  4. **Is the Department currently teaching?** Yes
  5. **At what level is teaching carried out?** Intern/Resident
  6. **Is the Department accredited as an official training center in your Country?** Yes
  7. **Period for which your Department is able to accept visiting trainees:** 1-2 weeks
  8. **Could your Department offer financial support or payment for work to a visitor?** No
  9. **Could your institution arrange accommodation for a visitor?** Please select ..
- Fee Charged (Euros)**
10. **Technical experience offered** Observer status only

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
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**Department (City and Country)** Madrid, Spain  
**Head of Department** Dr. Miguel Burgueño  
**Person responsible for education** Dra. M<sup>a</sup> José Morán and Dra. Elena Gómez  
**Postal Address:** Road/Street **Paseo de la Castellana 261**  
Town /City Madrid  
Post/ZIP Code 28046 Country Spain  
**Telephone (inc code)** +34 917277336 **Fax (inc code)**  
**Cellphone (inc code)** +34 616802887 **E-mail** mjmoransoto@hotmail.com  
hortensia4@hotmail.com, burguenom@hotmail.com

1. **Are you interested in receiving visiting clinicians?** Trainees
2. **Areas of clinical interest / expertise** Microsurgery  
If 'other' Orthognatic, Clef lip/palate, Oncology, Craniofacial
3. **Language/s used for teaching:** English and Spanish
4. **Is the Department currently teaching?** Yes
5. **At what level is teaching carried out?** Intern/Resident
6. **Is the Department accredited as an official training center in your Country?** Yes
7. **Period for which your Department is able to accept visiting trainees:** 1 month
8. **Could your Department offer financial support or payment for work to a visitor?** No
9. **Could your institution arrange accommodation for a visitor?** Please select ..  
**Fee Charged (Euros)**
10. **Technical experience offered** Observer status only

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EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY  
INTERNATIONAL TEACHING CENTERS NETWORK

Department (City and Country) MURCIA. SPAIN

Head of Department MARIA ANGELES RODRIGUEZ

Person responsible for education VICTOR VILLANUEVA SAN VICENTE

Postal Address: Road/Street CARRETERA MADRID CARTAGENA S/N

Town /City EL PALMAR / MURCIA

Post/ZIP Code 30120 Country SPAIN

Telephone (inc code) +34968369017 Fax (inc code)

Cellphone (inc code) E-mail  
paula.cascales@carm.es

1. Are you interested in receiving  
visiting clinicians? Trainees

2. Areas of clinical interest / expertise Oncology

If 'other' orthognathic, tmj desease

3. Language/s used for teaching: English, french, spanish

4. Is the Department currently teaching? Yes

5. At what level is teaching carried out? Intern/Resident

6. Is the Department accredited as an  
official training center in your Country? Yes

7. Period for which your Department is  
able to accept visiting trainees: 1 year



8. Could your Department offer financial support or payment for work to a visitor? No

9. Could your institution arrange accommodation for a visitor?

Yes, fee charged

Fee Charged (Euros)

about 300€/ month

10. Technical experience offered  
Hands on clinical care and operating

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
**INTERNATIONAL TEACHING CENTERS NETWORK**

**Department (City and Country)** Hospital Clinico San Carlos, Madrid, Spain  
**Head of Department** Dr. Alberto Berguer  
**Person responsible for education** Dr. Rafael Martín-Granizo  
**Postal Address:** Road/Street **C/ Prof. Martin Lagos s/n**  
Town /City Madrid  
Post/ZIP Code 28040 Country Spain  
**Telephone (inc code)** +34913303025 **Fax (inc code)** +34913302458  
**Cellphone (inc code)** +34629223763 **E-mail** rmartinlo@secom.org

1. **Are you interested in receiving visiting clinicians?** Fellows(Post-specialists)
2. **Areas of clinical interest / expertise** TMJ disease  
If 'other'
3. **Language/s used for teaching:** english/spanish/french
4. **Is the Department currently teaching?** Yes
5. **At what level is teaching carried out?** Intern/Resident
6. **Is the Department accredited as an official training center in your Country?** Yes
7. **Period for which your Department is able to accept visiting trainees:** 1 month
8. **Could your Department offer financial support or payment for work to a visitor?** No
9. **Could your institution arrange accommodation for a visitor?** Yes, fee charged  
**Fee Charged (Euros)**
10. **Technical experience offered** Hands on clinical care and operating

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
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Department (City and Country)                      **FUNDACION JIMENEZ DIAZ, MADRID SPAIN**

Head of Department                                      **DOLORES MARTINEZ PEREZ**

Person responsible for education                  **DOLORES MARTINEZ PEREZ**

Postal Address:            Road/Street              **AVDA REYES CATOLICOS**

  Town /City              **MADRID**

  Post/ZIP Code    **28040**                      Country              **SPAIN**

Telephone (inc code)    **+34915504992**                                      Fax (inc code)

Cellphone (inc code)                                      **E-mail**

1. **Are you interested in receiving  
visiting clinicians?**

**Trainees**

2. **Areas of clinical interest / expertise**

**Reconstruction**

**If 'other'**

3. **Language/s used for teaching:**

**SPANISH, ENGLISH**

4. **Is the Department currently teaching?**

**Yes**

5. **At what level is teaching carried out?**

**Undergraduate**

6. **Is the Department accredited as an  
official training center in your Country?**

**No**

7. **Period for which your Department is  
able to accept visiting trainees:**              **1 month**

8. **Could your Department offer financial  
support or payment for work to a visitor?**

**No**

9. **Could your institution arrange  
accommodation for a visitor?**

**Please select ..**

**Fee Charged (Euros)**

10. **Technical experience offered**

**Observer status only**

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
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**Department (City and Country)** Oral and Maxillofacial. Vall d'Hebron University Hospital.  
Barcelona. Spain

**Head of Department** Dra. Socorro Bescós Atin

**Person responsible for education** Dr. Juan Antonio Hueto and Dr. Jorge Pamias

**Postal Address:** Road/Street **Pg. Vall d'Hebron 119-129.**

Town /City Barcelon

Post/ZIP Code 08035 Country Spain

**Telephone (inc code)** 34 **Fax (inc code)**

**Cellphone (inc code)** **E-mail** cbescos@vhebron.net

1. **Are you interested in receiving visiting clinicians?** Trainees
  2. **Areas of clinical interest / expertise** Oncology  
If 'other' Reconstruction
  3. **Language/s used for teaching:** spanish, english, catalan
  4. **Is the Department currently teaching?** Yes
  5. **At what level is teaching carried out?** Intern/Resident
  6. **Is the Department accredited as an official training center in your Country?** Yes
  7. **Period for which your Department is able to accept visiting trainees:** 1 month
  8. **Could your Department offer financial support or payment for work to a visitor?** No
  9. **Could your institution arrange accommodation for a visitor?** Yes, no charge
- Fee Charged (Euros)**
10. **Technical experience offered** Observer status only

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
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**Department (City and Country)** Gazi Univ., Fac.of Dent., Dept.Oral&Maxillofac.Surg.

**Head of Department** Prof.Dr.Ergun YÜCEL

**Person responsible for education** Prof.Dr.İnci KARACA

**Postal Address:** Road/Street **82.SOKAK, EMEK**

Town /City ANKARA

Post/ZIP Code 06510 Country TURKEY

**Telephone (inc code)** +90 312 2034325 **Fax (inc code)**

**Cellphone (inc code)** **E-mail** erguny@gazi.edu.tr

1. **Are you interested in receiving visiting clinicians?** Trainees
2. **Areas of clinical interest / expertise** Orthognathic  
If 'other' Implantology
3. **Language/s used for teaching:** Turkish/English
4. **Is the Department currently teaching?** Yes
5. **At what level is teaching carried out?** Intern/Resident
6. **Is the Department accredited as an official training center in your Country?** Yes
7. **Period for which your Department is able to accept visiting trainees:** 2-3 months
8. **Could your Department offer financial support or payment for work to a visitor?** No
9. **Could your institution arrange accommodation for a visitor?** Please select ..  
**Fee Charged (Euros)**
10. **Technical experience offered** Observer status only

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
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<b>Department (City and Country)</b>	<b>Coventry UK</b>		
<b>Head of Department</b>	<b>Mr Peter Stockton</b>		
<b>Person responsible for education</b>	<b>Mr Raj Sandhu</b>		
<b>Postal Address:</b>	<b>Road/Street</b>	<b>Clifford Bridge Road</b>	
	<b>Town /City</b>	<b>Birmingham</b>	
	<b>Post/ZIP Code</b>	<b>CV2 2DX</b>	<b>Country</b> <b>UK</b>
<b>Telephone (inc code)</b>	<b>0247696400</b>	<b>Fax (inc code)</b>	
<b>Cellphone (inc code)</b>	<b>E-mail</b>		
<b>1. Are you interested in receiving visiting clinicians?</b>	<b>Trainees</b>		
<b>2. Areas of clinical interest / expertise</b>	<b>Orthognathic</b>		
	<b>If 'other'</b>		
<b>3. Language/s used for teaching:</b>	<b>English</b>		
<b>4. Is the Department currently teaching?</b>	<b>Yes</b>		
<b>5. At what level is teaching carried out?</b>	<b>Intern/Resident</b>		
<b>6. Is the Department accredited as an official training center in your Country?</b>	<b>Yes</b>		
<b>7. Period for which your Department is able to accept visiting trainees:</b>	<b>6 months</b>		
<b>8. Could your Department offer financial support or payment for work to a visitor?</b>	<b>Yes</b>		
<b>9. Could your institution arrange accommodation for a visitor?</b>	<b>Yes, fee charged</b>		
	<b>Fee Charged (Euros)</b>		
<b>10. Technical experience offered</b>	<b>Hands on clinical care and operating</b>		

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
**INTERNATIONAL TEACHING CENTERS NETWORK**

**Department (City and Country)** Department of Oral and Maxillofacial Surgery, Oxford  
University Hospitals, Oxford UK

**Head of Department** Mr Stephen Bond

**Person responsible for education** Mr Nadeem Saeed

**Postal Address:** Road/Street **Headley Way**  
Town /City Headington  
Post/ZIP Code OX39DU Country UK

**Telephone (inc code)** 01865743102 **Fax (inc code)**

**Cellphone (inc code)** **E-mail** Daljit.Dhariwal@ouh.nhs.uk

1. **Are you interested in receiving visiting clinicians?** Trainees
2. **Areas of clinical interest / expertise** Other (please state)  
If 'other' OMFS Oncology, orthognathic, trauma, all areas of
3. **Language/s used for teaching:** English
4. **Is the Department currently teaching?** Yes
5. **At what level is teaching carried out?** Intern/Resident
6. **Is the Department accredited as an official training center in your Country?** Yes
7. **Period for which your Department is able to accept visiting trainees:** 2-3 months
8. **Could your Department offer financial support or payment for work to a visitor?** Please select ..
9. **Could your institution arrange accommodation for a visitor?** Yes, fee charged  
Fee Charged (Euros)
10. **Technical experience offered** Observer status only

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EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY  
INTERNATIONAL TEACHING CENTERS NETWORK

Department (City and Country)                 **Glasgow, Scotland UK**

Head of Department                                 **Mr David Koppel**

Person responsible for education                 **Mr Ian Holland**

Postal Address:                 Road/Street     **1345 Govan Road**

  Town /City     **Glasgow**

  Post/ZIP Code     **G51 4TF**                                 Country                 **UK**

Telephone (inc code)     **00 44 141 232 7510**                                 Fax (inc code)

Cellphone (inc code)                                 E-mail

1. Are you interested in receiving visiting clinicians?   **Fellows(Post-specialists)**
2. Areas of clinical interest / expertise                                 **Craniofacial**  
  If 'other'                 **All areas of OMFS**
3. Language/s used for teaching:   **Englsh**
4. Is the Department currently teaching?                                 **Yes**
5. At what level is teaching carried out?                                 **Post-specialist/Fellow**
6. Is the Department accredited as an official training center in your Country?                                 **Yes**
7. Period for which your Department is able to accept visiting trainees:                 **1 year**
8. Could your Department offer financial support or payment for work to a visitor?                                 **Yes**
9. Could your institution arrange accommodation for a visitor?                                 **Please select ..**

**Fee Charged (Euros)**

10. Technical experience offered   **Hands on clinical care and operating**

**Please return completed document to:**

**EACMFS Secretariat  
PO Box 85**

**Midhurst West Sussex  
GU29 9DS United Kingdom**

**Tel: +44 1730 810951**

**Fax: +44 1730 812042**

**e-mail: [secretariat@eacmfs.org](mailto:secretariat@eacmfs.org)**



**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
**INTERNATIONAL TEACHING CENTERS NETWORK**

<b>Department (City and Country)</b>	<b>Maxillofacial Surgery. Poole Dorset</b>		
<b>Head of Department</b>	<b>Professor Ilanko Ilankovan</b>		
<b>Person responsible for education</b>	<b>Professor Ilankovan</b>		
<b>Postal Address:</b>	<b>Road/Street</b>	<b>Longfleet Road</b>	
	<b>Town /City</b>	<b>Poole</b>	
	<b>Post/ZIP Code</b>	<b>BH15 2JB</b>	<b>Country</b> <b>United Kingdom</b>
<b>Telephone (inc code)</b>	<b>01202 442576</b>	<b>Fax (inc code)</b>	<b>01202 448410</b>
<b>Cellphone (inc code)</b>		<b>E-mail</b>	<b>jane.porter@poole.nhs.uk</b>
<b>1. Are you interested in receiving visiting clinicians?</b>		<b>Trainees</b>	
<b>2. Areas of clinical interest / expertise</b>		<b>Other (please state)</b>	
	<b>If 'other'</b>	<b>Head &amp; Neck Surgery/Deformity/Skin Cancer/Aesthetics</b>	
<b>3. Language/s used for teaching:</b>		<b>English</b>	
<b>4. Is the Department currently teaching?</b>		<b>Yes</b>	
<b>5. At what level is teaching carried out?</b>		<b>Post-specialist/Fellow</b>	
<b>6. Is the Department accredited as an official training center in your Country?</b>		<b>Yes</b>	
<b>7. Period for which your Department is able to accept visiting trainees:</b>	<b>1 year</b>		
<b>8. Could your Department offer financial support or payment for work to a visitor?</b>		<b>No</b>	
<b>9. Could your institution arrange accommodation for a visitor?</b>		<b>Yes, fee charged</b>	
	<b>Fee Charged (Euros)</b>		
<b>10. Technical experience offered</b>		<b>Hands on clinical care and operating</b>	

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
**INTERNATIONAL TEACHING CENTERS NETWORK**

Department (City and Country) *Head and neck Oncology*

Head of Department *Prof McGurk*

Person responsible for education *Prof M McGurk*

Postal Address: *Road/Street Guy's Hospital*

*Town /City London*

*Post/ZIP Code SE1 2PR*

*Country*

Telephone (inc code) *00442071884348*

*Fax (inc code)*

Cellphone (inc code) *00447879816653*  
*mark.mcgurk@kcl.ac.uk*

*E-mail*

1. *Are you interested in receiving  
visiting clinicians?*

*Fellows(Post-specialists)*

2. *Areas of clinical interest / expertise*

*Oncology*

*If 'other'*

3. *Language/s used for teaching:*

*English*

4. *Is the Department currently teaching?*

*Yes*

5. *At what level is teaching carried out?*

*Post-specialist/Fellow*

6. *Is the Department accredited as an  
official training center in your Country?*

*Yes*

7. *Period for which your Department is  
able to accept visiting trainees:*

*2-3 months*

8. *Could your Department offer financial support or payment for work to a visitor? No*

9. *Could your institution arrange accommodation for a visitor?*

*Yes, fee charged*

*Fee Charged (Euros)*

10. *Technical experience offered*  
*Hands on clinical care and operating*

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
**INTERNATIONAL TEACHING CENTERS NETWORK**

Department (City and Country) Manchester UK

Head of Department Brian Musgrove

Person responsible for education Stuart Clark

Postal Address: Road/Street Oxford Road

Town /City Manchester

Post/ZIP Code M13 9WL

Country UK

Telephone (inc code) +44 161 276 8639

Fax (inc code)

Cellphone (inc code)  
.hargreaves@cmft.nhs.uk

E-mail elizabeth

1. Are you interested in receiving  
visiting clinicians?

Fellows(Post-specialists)

2. Areas of clinical interest / expertise

Oncology

If 'other' CL&P

3. Language/s used for teaching:

English

4. Is the Department currently teaching?

Yes

5. At what level is teaching carried out?

Post-specialist/Fellow

6. Is the Department accredited as an  
official training center in your Country?

Yes

7. Period for which your Department is  
able to accept visiting trainees:

1 month

8. Could your Department offer financial  
support or payment for work to a visitor? No

9. Could your institution arrange accommodation for a visitor?

Please select ..

Fee Charged (Euros)

10. Technical experience offered

Observer status only

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
**INTERNATIONAL TEACHING CENTERS NETWORK**

**Department (City and Country) Nottingham, UK**

**Head of Department**

**Person responsible for education I H McVicar**

**Postal Address: Road/Street Maxillofacial Unit, Queen's Medical Centre**

Town /City Nottingham

Post/ZIP Code NG7 2UH

Country UK

**Telephone (inc code) +44 (0)115 9249924 ext 68915**  
8493386

**Fax (inc code) +44(0)115**

**Cellphone (inc code) +44(0)7850401874**

**E-mail iain.mcvicar@nuh.nhs.uk**

1. **Are you interested in receiving visiting clinicians?** **Fellows(Post-specialists)**
2. **Areas of clinical interest / expertise** **Other (please state)**  
If 'other' **Oncology, trauma, TMJ, orthognathic**
3. **Language/s used for teaching:** **English**
4. **Is the Department currently teaching?** **Yes**
5. **At what level is teaching carried out?** **Intern/Resident**
6. **Is the Department accredited as an official training center in your Country?** **Yes**
7. **Period for which your Department is able to accept visiting trainees:** **2-3 months**
8. **Could your Department offer financial support or payment for work to a visitor?** **No**
9. **Could your institution arrange accommodation for a visitor?** **Yes, fee charged**  
**Fee Charged (Euros)** variable depending on type of accommodation  
required
10. **Technical experience offered** **Observer status only**

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
**INTERNATIONAL TEACHING CENTERS NETWORK**

**Department (City and Country)** Maxillofacial Unit. St Richards Hospital. Chichester

**Head of Department** Mr Alan Wilson

**Person responsible for education** Mr Stephen Walsh

**Postal Address:** Road/Street **St Richards Hospital**

Town /City Chichester

Post/ZIP Code PO196SE Country UK

**Telephone (inc code)** 01243 831785 **Fax (inc code)**

**Cellphone (inc code)** **E-mail** swalsh1@nhs.net

**1. Are you interested in receiving visiting clinicians?**

Trainees

**2. Areas of clinical interest / expertise**

Other (please state)

If 'other'

Skin Cancer

**3. Language/s used for teaching:**

english

**4. Is the Department currently teaching?**

Yes

**5. At what level is teaching carried out?**

Intern/Resident

**6. Is the Department accredited as an official training center in your Country?**

Yes

**7. Period for which your Department is able to accept visiting trainees:**

1 month

**8. Could your Department offer financial support or payment for work to a visitor?**

Yes

**9. Could your institution arrange accommodation for a visitor?**

Yes, fee charged

**Fee Charged (Euros)**

**10. Technical experience offered**

Hands on clinical care and operating

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EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY  
INTERNATIONAL TEACHING CENTERS NETWORK

Department (City and Country) Sunderland, UK  
Head of Department Ian Martin (Clinical Director)  
Person responsible for education David Keith (Specialist training) & Andy Burns (Basic training)  
Postal Address: Road/Street Kayll Road  
Town /City Sunderland  
Post/ZIP Code SR4 7TP Country UK  
Telephone (inc code) 44 191 569 9132 Fax (inc code) 44 191 569 9231  
Cellphone (inc code) E-mail julie.grassam@chs.northy.nhs.uk

1. Are you interested in receiving visiting clinicians? Trainees
2. Areas of clinical interest / expertise  
Oncology  
If 'other' Cosmetic and Skin Surgery
3. Language/s used for teaching: English
4. Is the Department currently teaching? Yes
5. At what level is teaching carried out? Intern/Resident
6. Is the Department accredited as an official training center in your Country? Yes
7. Period for which your Department is able to accept visiting trainees: 1-2 weeks
8. Could your Department offer financial support or payment for work to a visitor? No
9. Could your institution arrange accommodation for a visitor? Yes, fee charged  
Fee Charged (Euros)
10. Technical experience offered Observer status only

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
**INTERNATIONAL TEACHING CENTERS NETWORK**

<b>Department (City and Country)</b>	<b>Department of Cranio-Maxillofacial and Oral Surgery</b>		
<b>Head of Department</b>	<b>Prof.Dr. Klaus Grätz</b>		
<b>Person responsible for education</b>	<b>Dr.Dr. Marius Bredell</b>		
<b>Postal Address:</b>	<b>Road/Street</b>	<b>Frauenklinikstrasse 24</b>	
	<b>Town /City</b>	<b>Zürich</b>	
	<b>Post/ZIP Code</b>	<b>8091</b>	<b>Country</b> <b>Switzerland</b>
<b>Telephone (inc code)</b>	<b>+412559056</b>	<b>Fax (inc code)</b>	<b>+412554179</b>
<b>Cellphone (inc code)</b>	<b>+41764312431</b>	<b>E-mail</b>	<b>marius.bredell@usz.ch</b>

- |   |                                       |
|---|---------------------------------------|
| <b>1. Are you interested in receiving visiting clinicians?</b>                            | <b>Fellows(Post-specialists)</b>      |
| <b>2. Areas of clinical interest / expertise</b>  | <b>Pathology</b>                      |
|   | <b>Microsurgery</b>                   |
|   | <b>If 'other'</b>                     |
| <b>3. Language/s used for teaching:</b>   | <b>German and English</b>             |
| <b>4. Is the Department currently teaching?</b>   | <b>Yes</b>                            |
| <b>5. At what level is teaching carried out?</b>  | <b>Post-specialist/Fellow</b>         |
| <b>6. Is the Department accredited as an official training center in your Country?</b>    | <b>Yes</b>                            |
| <b>7. Period for which your Department is able to accept visiting trainees:</b>           | <b>2-3 months</b>                     |
| <b>8. Could your Department offer financial support or payment for work to a visitor?</b> | <b>No</b>                             |
| <b>9. Could your institution arrange accommodation for a visitor?</b>                     | <b>Please select ..</b>               |
|   | <b>Fee Charged (Euros)</b> <b>650</b> |
| <b>10. Technical experience offered</b>   | <b>Observer status only</b>           |

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