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EACMFS BLUE BOOK

September 2014

(International Teaching Centers Network)



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UK	Oxford	BOND/SAEED

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

Please return completed document to:

EACMFS Secretariat

PO Box 85

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

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Fax: +44 1730 812042

e-mail: secretariat@eacmfs.org

EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY
INTERNATIONAL TEACHING CENTERS NETWORK

Department (City and Country)	Brussels - Belgium		
Head of Department	Reychler H		
Person responsible for education	Reychler H		
Postal Address:	Road/Street	Av Hippocrate 10	
	Town /City	Brussels	
	Post/ZIP Code	1200	Country Belgium
Telephone (inc code)	003227645710	Fax (inc code)	003227645876
Cellphone (inc code)		E-mail	herve.reychler@uclouvain.be
1. Are you interested in receiving visiting clinicians?		Trainees	
2. Areas of clinical interest / expertise		Oncology	
	If 'other'	Orthognathic surgery	
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:	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) 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
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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
INTERNATIONAL TEACHING CENTERS NETWORK

*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

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**

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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

Department (City and Country)	Grenoble FRANCE		
Head of Department	G. Bettega		
Person responsible for education	G. Bettega		
Postal Address:	Road/Street	Service de chirurgie maxillo-faciale. Hôpital A Michallon. BP 217	
	Town /City	GRENOBLE	
	Post/ZIP Code	38043	Country France
Telephone (inc code)	+33476765528	Fax (inc code)	+33476768953
Cellphone (inc code)		E-mail	gbettega@chu-grenoble.fr
1. Are you interested in receiving visiting clinicians?		Trainees	
2. Areas of clinical interest / expertise		Craniofacial	
	If 'other'	orthognathic, cleft, reconstruction	
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:		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)	No arrangement	
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
INTERNATIONAL TEACHING CENTERS NETWORK

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

Please return completed document to:

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Fax: +44 1730 812042

e-mail: secretariat@eacmfs.org

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**

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EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY
INTERNATIONAL TEACHING CENTERS NETWORK

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 .. *Dentoalveolar, Aesthetic/*

Cosmetic, oncology, implantology, craniofacial, orthognathic, pathology, preprosthetic, cleft lip, reconstruction, microsurgery
if 'other'

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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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
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 Paralysis
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

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

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) Hospital, Udine, Italy	Department of Maxillofacial Surgery, Regional University		
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
INTERNATIONAL TEACHING CENTERS NETWORK

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
INTERNATIONAL TEACHING CENTERS NETWORK

Department (City and Country) Lodz, Poland

Head of Department Marcin Kozakiewicz

Person responsible for education Marcin Kozakiewicz

Postal Address: Road/Street **Zeromskiego 113**

Town /City Lodz

Post/ZIP Code 90-459 Country Poland

Telephone (inc code) 0048426393738 **Fax (inc code)** 0048426393739

Cellphone (inc code) **E-mail** mm_kk@toya.net.pl

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

2. **Areas of clinical interest / expertise** **Other (please state)**

If 'other' orbital 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:** 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) 80/night

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

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

EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY
INTERNATIONAL TEACHING CENTERS NETWORK

Department (City and Country) **Maxillofacial Surgery Department (Lisbon, Portugal)**

Head of Department **Prof. Dr. Paulo Valejo Coelho**

Person responsible for education **Dr. Fernando Cabrita**

Postal Address:

Road/Street	R. José António Serrano		
Town /City	Lisboa		
Post/ZIP Code	1150-199	Country	Portugal

Telephone (inc code) +351 218 841 000 **Fax (inc code)** +351 218 864 616

Cellphone (inc code) **E-mail** <http://www.chlc.min-saude.pt>

- 1. Are you interested in receiving visiting clinicians?** **Trainees**
 - 2. Areas of clinical interest / expertise** **Oncology**
If 'other' **Traumatology, orthognatic, TMJ, reconstruction, Salivary glands, aesthetic, oral surgery and pathology**
 - 3. Language/s used for teaching:** **Portuguese, 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:** **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) **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**

Please return completed document to:
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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

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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) **Pediatric Maxillofacial Surgery , Moscow, Russia**

Head of Department **Alexander L. Ivanov**

Person responsible for education **Oksana A. Zorina**

Postal Address: Road/Street **ul. Timura Frunze, 16**

 Town /City **Moscow**

 Post/ZIP Code **119034** Country **Russia**

Telephone (inc code) **+7 499 246 61 02** **Fax (inc code)**

Cellphone (inc code) **+7 916 599 01 48** **E-mail** **dr.ivanov@cleft.ru**

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: **Russian, 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) **No, we could not arrange accommodation**

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) 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, Oculogical 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
INTERNATIONAL TEACHING CENTERS NETWORK

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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Fax: +44 1730 812042

e-mail: secretariat@eacmfs.org

EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY
INTERNATIONAL TEACHING CENTERS NETWORK

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

Please return completed document to:

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Midhurst West Sussex
GU29 9DS United Kingdom

Tel: +44 1730 810951

Fax: +44 1730 812042

e-mail: secretariat@eacmfs.org

EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY
INTERNATIONAL TEACHING CENTERS NETWORK

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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Fax: +44 1730 812042

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EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY
INTERNATIONAL TEACHING CENTERS NETWORK

Department (City and Country) Madrid, Spain
Head of Department Dr. Miguel Burgueño
Person responsible for education Dra. M^a 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)

paula.cascales@carm.es

E-mail

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

Please return completed document to:

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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
INTERNATIONAL TEACHING CENTERS NETWORK

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
INTERNATIONAL TEACHING CENTERS NETWORK

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

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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
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' Oncology, orthognathic, trauma, all areas of
OMFS
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

Please return completed document to:

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EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY
INTERNATIONAL TEACHING CENTERS NETWORK

Department (City and Country) Maxillofacial Surgery. Poole Dorset

Head of Department Professor Ilanko Ilankovan

Person responsible for education Professor Ilankovan

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Town /City Poole
Post/ZIP Code BH15 2JB Country United Kingdom

Telephone (inc code) 01202 442576 **Fax (inc code)** 01202 448410

Cellphone (inc code) **E-mail** jane.porter@poole.nhs.uk

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

2. **Areas of clinical interest / expertise** Other (please state)
If 'other' Head & Neck Surgery/Deformity/Skin Cancer/Aesthetics

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 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

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

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

Please return completed document to:

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e-mail: secretariat@eacmfs.org

**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

Please return completed document to:

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EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY
INTERNATIONAL TEACHING CENTERS NETWORK

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

- 1. Are you interested in receiving visiting clinicians?** **Fellows(Post-specialists)**
- 2. Areas of clinical interest / expertise**
Pathology
If 'other' Microsurgery
- 3. Language/s used for teaching:** **German 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) **650**
- 10. Technical experience offered** **Observer status only**

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