

EACMFS
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EACMFS BLUE BOOK

June 2017

(International Teaching Centers Network)



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EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY
INTERNATIONAL TEACHING CENTERS NETWORK

Department (City and Country)
Vienna

Clinic for Oral and Maxillofacial Surgery, Medical University of

Head of Department

Person responsible for education

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**

Microvascular surgery

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

Please return completed document to:

EACMFS Secretariat

PO Box 85

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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 Prof Mommaerts, dr. mult.
Person responsible for education Prof Mommaerts
Postal Address: Road/Street **Laarbeeklaan 101**
Town /City Brussels
Post/ZIP Code 1090 Country Belgium
Telephone (inc code) +32 2 477 60 12 **Fax (inc code)**
Cellphone (inc code) **E-mail** maxfac@uzbrussel.be

1. **Are you interested in receiving visiting clinicians?** Trainees
2. **Areas of clinical interest / expertise** Orthognathic
If 'other' Cleft Lip and Palate
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
INTERNATIONAL TEACHING CENTERS NETWORK

Department (City and Country) Brussels - Belgium

Head of Department E Lahy

Person responsible for education E Lahy

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
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
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) : Maxillo-facial Surgery – Estaing Hospital - Clermont-Ferrand (FRANCE)

Head of Department : Prof I. BARTHELEMY

Person responsible for education : Prof. I. BARTHELEMY

Postal Address: Road / Street :1 Place Lucie et Raymond AUBRAC

Town /City : CLERMONT-FERRAND CEDEX 1

Post /ZIP Code 63003

Country: France

Telephone (inc code) +33 4 73 75 01 02
75 06 99

Fax (inc code) + 33 4 73

Cellphone (inc code)
clermontferrand.fr

E-mail: ibarthelemy@chu-

1. Are you interested in receiving visiting clinicians? Yes, trainees

2. Areas of clinical interest / expertise : oncology, reconstruction

If 'other' : current pediatric maxillo-facial and plastic surgery

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 Yes

7. Period for which your Department able to accept visiting trainees: 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? No

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	

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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

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
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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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e-mail: secretariat@eacmfs.org

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, PD Wehrhan

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) tbd
- 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**

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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 Stefan Haßfeld

Person responsible for education Prof. Dr. Dr. Stefan Haßfeld

Postal Address: Road/Street Munsterstr. 240

Town /City Dortmund

Post/ZIP Code D-44145

Country Germany

Telephone (inc code) +49 231 95318500

Fax (inc code)

Cellphone (inc code)

E-mail

mkg-chirurgie@klinikumdo.de

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

Fellows(Post-specialists)

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

Oncology

If 'other'

Reconstruction, Truamatology, Orthognathic

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:**

2-3 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**

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)	Departement of Oral and Maxillofacial Surgery, Aachen, Germany		
Head of Department	Univ.-Prof. Dr. med. Dr. med. dent. Frank Hölzle		
Person responsible for education	Univ.-Prof. Dr. med. Dr. med. dent. Frank Hölzle		
Postal Address:	Road/Street	Pauwelsstraße 30	
	Town /City	Aachen	
	Post/ZIP Code	52074	Country Germany
Telephone (inc code)	+49 241 80-88231	Fax (inc code)	+49 241 80-82430
Cellphone (inc code)	E-mail mkg-chirurgie@ukaachen.de		
1. Are you interested in receiving visiting clinicians?	Trainees		
2. Areas of clinical interest / expertise	Reconstruction		
	If 'other'	Whole spectrum	
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:	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)	In our Guesthouse 50 €/day, in the residential accomodathn 350 €/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) Dept. of Oral and Maxillofacial Surgery, University Hospital
Heidelberg

Head of Department Prof. Dr. Dr. J. Hoffmann

Person responsible for education PD Dr. Dr. M. Engel

Postal Address: Road/Street Im Neuenheimer Feld 400
Town /City Heidelberg
Post/ZIP Code 69121 Country Germany

Telephone (inc code) +49-567301 **Fax (inc code)**

Cellphone (inc code) **E-mail** Birgitta.Sydow-Kuehnle@med.uni-heidelberg.de

1. **Are you interested in receiving visiting clinicians?** **Fellows(Post-specialists)**
2. **Areas of clinical interest / expertise** **Reconstruction**
If 'other' **Craniofacial surgery/Oncology**
3. **Language/s used for teaching:** **German, English**
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:** **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) 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

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

Department (City and Country) Dept. of Oral and Maxillofacial Surgery, Univ. of Düsseldorf
Head of Department Prof. Dr. Dr. Norbert Kübler
Person responsible for education Prof. Dr. Dr. Norbert Kübler, Prof. Dr. Dr. Daniel Rothamel
Postal Address: Road/Street **Moorenstr. 5**
Town /City Düsseldorf
Post/ZIP Code D-40225 Country Germany
Telephone (inc code) +49 211 8118181 **Fax (inc code)** +49 211 8118877
Cellphone (inc code) **E-mail** kuebler@med.uni-duesseldorf.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)
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; University Medical Center Hamburg Eppendorf, Martinistr. 52, 20246 Hamburg, Germany

Head of Department Prof. Dr. Dr. Max Heiland

Person responsible for education Prof. Max Heiland and Prof. Ralf Smeets

Postal Address: Road/Street **Martinistr. 52**

Town /City Hamburg

Post/ZIP Code 20246 Country Germany

Telephone (inc code) 004940741053251

Fax (inc code) 004940741055467

Cellphone (inc code) 004915222817750

E-mail m.heiland@uke.de

1. Are you interested in receiving visiting clinicians? **Fellows(Post-specialists)**
2. Areas of clinical interest / expertise **Reconstruction**
If 'other' **Traumatology, Orthognathic Surgery**
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 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) 800 per 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) 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**

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Fax (inc code) +49-731-17101706

Cellphone (inc code) +49-173-9865751
ulm.de

E-mail alexander.schramm@extern.uni-

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

Fellows(Post-specialists)

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

Reconstruction

If 'other' **Implantology, Orthognathic, Trauma, Tumor
also for trainees**

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) 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.PAPADOGEORGAKIS, 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

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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 Fax (inc code)

+302132086540

Cellphone (inc code) +306945269626 E-mail

rallisg@gmail.com

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. Josef BARABAS

Person responsible for education Prof. dr. Josef BARABAS

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)	Hyderabad, India		
Head of Department	Prof. Dr. Dr. Srinivas Gosla Reddy		
Person responsible for education	Prof. Dr.Dr. Srinivas Gosla Reddy		
Postal Address:	Road/Street	GSR Hospital, 17-1-383/55, Vinaynagar Colony, I.S. Sadan, Saidabad	
	Town /City	Hyderabad	
	Post/ZIP Code	500059	Country India
Telephone (inc code)	+919849059836		Fax (inc code)
Cellphone (inc code)	+919849016969		E-mail goslareddy@gmail.com

- | | |
|---|---|
| 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 |
| 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 no charge |
| Fee Charged (Euros) | |
| 11. Technical experience offered | Hands on clinical care and operating |

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 Rudinì 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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e-mail: secretariat@eacmfs.org

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) 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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e-mail: secretariat@eacmfs.org

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

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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

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 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
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) 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

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Person responsible for education Prof. Dr. Eugenia POPESCU
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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

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Person responsible for education Asist Prof. Dr. Victor-Vlad COSTAN
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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
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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

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Head of Department Prof. Milovan Dimitrijevic
Person responsible for education Prof Milovan Dimitrijevic
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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

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Head of Department Prof.dr Dragan Krasic

Person responsible for education Prof.dr Dragan Krasic

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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
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

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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

Please return completed document to:

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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 disease

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

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
INTERNATIONAL TEACHING CENTERS NETWORK

Department (City and Country) Maxillofacial Surgery. Poole Dorset
Head of Department Professor Ilanko Ilankovan
Person responsible for education Professor Ilankovan
Postal Address: Road/Street **Longfleet Road**
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

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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

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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

Please return completed document to:

EACMFS Secretariat

PO Box 85

Midhurst West Sussex

Tel: +44 1730 810951

GU29 9DS United Kingdom

Fax: +44 1730 812042

e-mail: secretariat@eacmfs.org

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) E-mail elizabeth
.hargreaves@cmft.nhs.uk

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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GU29 9DS United Kingdom

Fax: +44 1730 812042

e-mail: secretariat@eacmfs.org

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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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)	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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