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# EACMFS BLUE BOOK June 2017

(International Teaching Centers Network)

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UK	Sunderland	MARTIN /KEITH/BURNS	
UK	Oxford	BOND/SAEED	

**Department (City and Country)** Klagenfurt

Prim. Univ.-Prof. DDr. Gert Santler **Head of Department** 

Person responsible for education Prim. Univ.-Prof. DDr. Gert Santler

Postal Address: Road/Street Feschnigstrasse 11

> Town /City Klagenfurt am Worthersee

Post/ZIP Code Country Austria

Telephone (inc code) Fax (inc code)

**Cellphone (inc code)** +43 664 8596050 E-mail

1. Are you interested in receiving

visiting clinicians? **Trainees** 

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

If 'other'

3. Language/s used for teaching: Germen, English

Is the Department currently teaching? Yes

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

Is the Department accredited as an 6.

official training center in your Country? Yes

Period for which your Department is 7.

able to accept visiting trainees: 1 month

**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) 15 EUR per day

10. Technical experience offered Observer status only

Please return completed document to:

**EACMFS Secretariat** 

**PO Box 85** 

Midhurst West Sussex +44 1730 810951 Tel: **GU29 9DS** United Kingdom

Fax: +44 1730 812042 e-mail: secretariat@eacmfs.org

**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 Austria Country

**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: Germann, English

Is the Department currently teaching? Yes

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

Is the Department accredited as an

official training center in your Country? Yes

Period for which your Department is

able to accept visiting trainees: 1 month

**Could your Department offer financial** 

support or payment for work to a visitor? No

9. Could your institution arrange

accommodation for a visitor? Yes, fee charged

> Fee Charged (Euros) 14,86 € per week, and final cleaning 18,66€,

deposit 56€

10. Technical experience offered Observer status only

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INTERNATIONAL TEACHING GENTERS 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

1. Are you interested in receiving

visiting clinicians? Fellows(Post-specialists)

2. Areas of clinical interest / expertise Microvasular 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

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## European Association for Cranio-Maxillofacial Surgery

#### INTERNATIONAL TEACHING CENTERS NETWORK

Department (City and Country) CranioMaxilloFacial and Oral Surgery Innsbruck,

**AUSTRIA** 

Head of Department Michael RASSE

Person responsible for education Robert GASSNER

Postal Address: Road/Street Anichstrasse 35

Town /City Innsbruck

Post/ZIP Code 6020 Country AUSTRIA

Telephone (inc code) +43 512 504 24373 Fax (inc code) +43

512 504 24371

**Cellphone (inc code)** +43 512 504 80622 **E-mail** 

Robert.GASSNER@tirol-kliniken.at

1. Are you interested in receiving

2. visiting clinicians?

3. Areas of clinical interest / expertise

If 'other' Reconstruction

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

5. Is the Department currently teaching?

6. At what level is teaching carried out?

- 7. Is the Department accredited as an official training center in your Country?
- 8. Period for which your Department is able to accept visiting trainees:
- 9. Could your Department offer financial
- 10. support or payment for work to a visitor?
- 11. Could your institution arrange accommodation for a visitor?

Fee Charged (Euros)

12. Technical experience offered

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**Department (City and Country)** Brussels, Belgium

**Head of Department** Prof Mommaerts, dr. mult.

Person responsible for education **Prof Mommaerts** 

Road/Street Postal Address: Laarbeeklaan 101

> Town /City Brussels

Post/ZIP Code 1090 Country Belgium

**Telephone (inc code)** +32 2 477 60 12 Fax (inc code)

E-mail maxfac@uzbrussel.be Cellphone (inc code)

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** 

Is the Department currently teaching? Yes

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

Is the Department accredited as an

official training center in your Country? Yes

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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INTERNATIONAL TEACHING CENTERS NETWORK

**Department (City and Country) GH ST. JOHN BRUGES** 

**Head of Department** Dr Dr J Abeloos

Person responsible for education PROF. DR. DR. G. SWENNEN

Postal Address: Road/Street **RUDDERSHOVE 10** 

> Town /City **BRUGES**

Post/ZIP Code 8000 Country **BELGIUM** 

**Telephone (inc code)** 003250452260 Fax (inc code) 003250452279

Cellphone (inc code) E-mail MAXFAC@AZSINTJAN.BE

1. Are you interested in receiving

visiting clinicians? Fellows(Post-specialists)

2. Areas of clinical interest / expertise Please select ..

> If 'other' ALL ASPECTS OF MAXILLOFACIAL SURGERY

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

Is the Department currently teaching? Yes

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

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

**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) 300-400/MONTH

10. Technical experience offered Observer status only

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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

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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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

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' Cleft & Craniofacial, Orthognathic and Aesthetic

sugery

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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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

Is the Department currently teaching? Yes

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

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

**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?

2. Areas of clinical interest / expertise Orthognathic

If 'other' Implantology, Traumatology

Fellows(Post-specialists)

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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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'

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

4. Is the Department currently teaching? Yes

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

Is the Department accredited as an

official training center in your Country? Yes

Period for which your Department is 7.

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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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

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

1. Are you interested in receiving

visiting clinicians? **Trainees** 

2. Areas of clinical interest / expertise Reconstruction

> If 'other' cleft lip and palate

Language/s used for teaching: french, english

Is the Department currently teaching? Yes

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

Is the Department accredited as an

official training center in your Country? Yes

Period for which your Department is 7.

able to accept visiting trainees: 6 months

**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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Midhurst **West Sussex** Tel: +44 1730 810951 **GU29 9DS United Kingdom** Fax: +44 1730 812042 e-mail: secretariat@eacmfs.org

Department (City and Country) Maxillofacial Surgery Unit - CHU Toulouse - France

Head of Department Pr. F. Boutault

Person responsible for education Pr. F. Boutault - Dr. F. Jalbert

Postal Address: Road/Street Place Baylac

Town /City Toulouse

Post/ZIP Code 31059 Country France

Cellphone (inc code) E-mail boutault.sec@chu-toulouse.fr

1. Are you interested in receiving

visiting clinicians? Trainees

2. Areas of clinical interest / expertise Oncology

If 'other' Craniofacial - 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? Yes, fee charged

Fee Charged (Euros)

10. Technical experience offered Observer status only

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 Tel:
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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

75 OG 99

**Cellphone** (inc code) **E-mail**: ibarthelemy@chu-

clermontterrand.tr

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 Yes teaching?

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

9. support or payment for work to a visitor?

9. Could your institution arrange

**10. accommodation for a visitor?** No

Fee Charged (Euros)

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

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**EACMFS Secretariat** 

e-mail: secretariat@eacmfs.org e-mail: secretariat@eacmfs.org

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

**Head of Department** DR CHANAVAZ

Person responsible for education DR CHANAVAZ

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

> Town /City **AUBAGNE**

Post/ZIP Code 13400 Country **FRANCE** 

Telephone (inc code) Fax (inc code)

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

1. Are you interested in receiving

visiting clinicians? Fellows(Post-specialists)

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

If 'other'

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

4. Is the Department currently teaching? Yes

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

Is the Department accredited as an

official training center in your Country? Yes

Period for which your Department is 7.

> able to accept visiting trainees: Please select ..

8. Could your Department offer financial

support or payment for work to a visitor? No

9. Could your institution arrange

accommodation for a visitor? Yes, fee charged

Fee Charged (Euros)

10. Technical experience offered Observer status only

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## European Association for Cranio-Maxillofacial Surgery

INTERNATIONAL TEACHING CENTERS NETWORK

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

Head of Department Pr C.Chossegros

Person responsible for education Pr C.Chossgros

Postal Address: Road/Street bd Jean Moulin

Town /City Marseilles cedex 5

Post/ZIP Code 13385 Country France

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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**EACMFS Secretariat** 

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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:** 

CHRU

Road/Street

Department of oral and maxillo-facail surgery. H R Salengro

Town /City Lille cedex

Post/ZIP Code 59037 Country France

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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e-mail: secretariat@eacmfs.org

#### 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 Fax (inc code)

33 1 49 81 25 32

**Cellphone (inc code)** 33 6 72 29 65 24 **E-mail** 

meningaud@me.com

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

**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

E-mail cmf@chu-amiens.fr **Cellphone (inc code)** 0033622518377

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 ....;

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

Period for which your Department is 7.

> able to accept visiting trainees: 6 months

**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

**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

Period for which your Department is 7.

able to accept visiting trainees: 6 months

**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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Midhurst **West Sussex** Tel: +44 1730 810951 Fax: +44 1730 812042 e-mail: secretariat@eacmfs.org **GU29 9DS** United Kingdom

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

Head of Department Pr Patrick GOUDOT

Person responsible for education Pr Patrick GOUDOT

Postal Address: Road/Street Boulevard de l'Hôpital

Town /City Paris

Post/ZIP Code 75013 Country France

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

1. Are you interested in receiving

visiting clinicians? Trainees

2. Areas of clinical interest / expertise Oncology

If 'other' reconstruction, orthognathic, traumatology

3. Language/s used for teaching: french

4. Is the Department currently teaching? Yes

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

6. Is the Department accredited as an

official training center in your Country? Yes

7. Period for which your Department is

able to accept visiting trainees: 1 year

8. Could your Department offer financial

support or payment for work to a visitor? Yes

9. Could your institution arrange

accommodation for a visitor? Please select ..

Fee Charged (Euros)

10. Technical experience offered Hands on clinical care and operating

Please return completed document to:

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Fax: +44 1730 812042 e-mail: secretariat@eacmts.org

**Department (City and Country) France** 

**Head of Department** Pr Guyot

Person responsible for education Pr Guyot

Postal Address: **Chemin des Bourrely** Road/Street

> 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'

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

4. Is the Department currently teaching? Yes

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

Is the Department accredited as an

official training center in your Country? Yes

Period for which your Department is 7.

able to accept visiting trainees: 1 month

**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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**PO Box 85** 

Midhurst **West Sussex** Tel: +44 1730 810951 Fax: +44 1730 812042 e-mail: secretariat@eacmfs.org **GU29 9DS** United Kingdom

INTERNATIONAL TEACHING CENTERS NETWORK

**Department (City and Country) Paris** 

**MP Vazquez Head of Department** 

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'

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

4. Is the Department currently teaching? Yes

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

Is the Department accredited as an

official training center in your Country? Yes

Period for which your Department is 7.

able to accept visiting trainees: 2-3 months

**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) Munich, Germany

Head of Department Prof. 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 Fax (inc code)

00498941404339

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

Please return completed document to:

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Midhurst West Sussex Tel: +44 1730 810951

GU29 9DS United Kingdom Fax: +44 1730 812042

e-mail: secretariat@eacmfs.org

#### INTERNATIONAL TEACHING CENTERS NETWORK

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

**Head of Department** Prof. 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

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** 

Please return completed document to:

**EACMFS Secretariat** 

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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

Cellphone (inc code) +491728512011 E-mail r.sader@em.uni-frankfurt.de

1. Are you interested in receiving

visiting clinicians? Fellows(Post-specialists)

2. Areas of clinical interest / expertise Cleft lip/palate

If 'other' oncology, orthognatic, implantology, TMJ,

reconstruction

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

4. Is the Department currently teaching? Yes

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

6. Is the Department accredited as an

official training center in your Country? Yes

7. Period for which your Department is

able to accept visiting trainees: 1 year

8. Could your Department offer financial

support or payment for work to a visitor? No

9. Could your institution arrange

accommodation for a visitor? Yes, fee charged

Fee Charged (Euros) none (at the moment)

10. Technical experience offered Hands on clinical care and operating

Please return completed document to:

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Fax: +44 1730 812042 e-mail: secretariat@eacmfs.org

#### 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

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

Period for which your Department is 7.

able to accept visiting trainees: 2-3 months

**Could your Department offer financial** 8.

> 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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#### 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 Fax (inc code)

+49 931 45 242 12

Cellphone (inc code) E-mail info@bill-

medical.com

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

Department (City and Country) Department of Oral and Maxillofacial Surgery, Hannover/

Germany

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

Person responsible for education PD Dr. Dr. Frank Tavassol, PD Dr. Dr. Majeed Rana

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

Town /City Hannover

Post/ZIP Code 30625 Country Germany

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 Reconstruction

If 'other' Implantology, orthognatic, cleft lip, trauma, tumor, craniofacial, microsurgery, dentoalveolar, pathology, Skull base surgery, orbital reconstruction

3. Language/s used for teaching: German, Englisch

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) Accomodation fee

0. 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) 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

**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

accomodation 350 €/month

10. Technical experience offered Hands on clinical care and operating

Please return completed document to:

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Midhurst West Sussex Tel: +44 1730 810951

**GU29 9DS** 

#### INTERNATIONAL TEACHING CENTERS NETWORK

Department (City and Country) Dept. of Oral and Maxillofacial Surgery, University Hospital

Heidelberg

Head of Department Prof. 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

Please return completed document to:

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PO Box 85

Midhurst West Sussex Tel: +44 1730 810951 GU29 9DS United Kingdom Fax: +44 1730 812042

# European Association for Cranio-Maxillofacial Surgery international teaching centers network

Department (City and Country) Hannover / Germany

Hea	d of Department	Prof. Dr. Nils-Claudius Gellrich								
Pers	son responsible for	Dr. Dr. Frank Tavassol, Dr. Dr. Harald Essig								
Postal Address: Road/Street			Carl-Neuberg-Str. 1							
		Town /City	Hannov	/er						
		Post/ZIP Code	30625		Country	G	ermany			
Tele	phone (inc code)	747		Fa	ax (inc c	ode)	+ 49 511 532 8726			
Cell	phone (inc code)		E-mail	gellrich.ni	ls-claudi	us@mh-ha	annover.de			
,	Are you interested visiting clinicians?		Fellows(Post-specialists)							
2.	Areas of clinical in	e &	2 /	Please se	lect 🍰 🤅	Dentoo	lueolar, Aesthetic	/		
3. P	Cosmetic, or Dathology Language/s used	If off	Komte Dej	Please select . Dentogleverlar, Aesthetic/ old y, Cranio facial, orthognakic, It lip, reconstruction, microsurger German or English						
4.	Is the Department		Yes							
5.	At what level is tea	ut?		Please select Intern/resident, post-specialist, fellow						
6.	Is the Department official training cer				Yes					
7.	Period for which your Department is able to accept visiting trainees:			Please	select. 1-2 weeks, 1 montos, 2-3 montos, montos, 1 year, 2 years					
8.	Could your Depart support or payme			No No	monrys /1 year, ¿years					
9.	Could your institution arrange accommodation for a visitor?			Yes, fee charged						
Fee Charged (B			Euros)							
10.	Technical experie	nce offered			Please se	lect /	tand,	on dimical		
				Co	are and operating and			Spand		
EAC	ise return complete MFS Secretariat Box 85	ed document to:		05	Serve	Sto	itus	also		
Midh	hurst West Susse 29 9DS United Kin		Tel: Fax:		30 810951 30 812042					

### European Association for Cranio-Maxillofacial Surgery

#### INTERNATIONAL TEACHING CENTERS NETWORK

Department (City and Country) Kassel, Germany

Head of Department Prof. Dr.Dr. Hendrik Terheyden

Person responsible for education same

Postal Address: Road/Street Hansteinstr. 29

Town /City Kassel

Post/ZIP Code 34121 Country Germany

Cellphone (inc code) E-mail terheyden@rkh-kassel.de

1. Are you interested in receiving

visiting clinicians? Trainees

2. Areas of clinical interest / expertise Implantology

If 'other'

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) 150

10. Technical experience offered Hands on clinical care and operating

Please return completed document to:

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PO Box 85

Midhurst West Sussex Tel: +44 1730 810951 GU29 9DS United Kingdom Fax: +44 1730 812042

## 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

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

Please return completed document to:

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e-mail: secretariat@eac

#### 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

Postal Address: Road/Street Martinistr. 52

Town /City Hamburg

Post/ZIP Code 20246 Country Germany

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, Orthoghathic 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

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

#### INTERNATIONAL TEACHING CENTERS NETWORK

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

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

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' Implantology, Orthognathic, Trauma, Tumor

also for trainees

Language/s used for teaching: **German and English** 

Is the Department currently teaching?

At what level is teaching carried out? Please select .. 5.

Is the Department accredited as an

official training center in your Country? Yes

Period for which your Department is 7.

able to accept visiting trainees: 2 years

**Could your Department offer financial** 

support or payment for work to a visitor? No

9. Could your institution arrange

accommodation for a visitor? Please select ..

Fee Charged (Euros)

10. Technical experience offered Hands on clinical care and operating

Please return completed document to:

**EACMFS Secretariat** 

**PO Box 85** 

Midhurst West Sussex Tel: +44 1730 810951 Fax: +44 1730 812042 e-mail: secretariat@eacmfs.org GU29 9DS United Kingdom

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

1. Are you interested in receiving

visiting clinicians? Trainees

2. Areas of clinical interest / expertise Oncology

If 'other' cleft palate,trauma,craniofacial,orthognathic

3. Language/s used for teaching: english

4. Is the Department currently teaching? Yes

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

6. Is the Department accredited as an

official training center in your Country? Yes

7. Period for which your Department is

able to accept visiting trainees: 1 month

8. Could your Department offer financial

support or payment for work to a visitor? No

9. Could your institution arrange

accommodation for a visitor? Please select ...

Fee Charged (Euros)

10. Technical experience offered Observer status only

Please return completed document to:

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PO Box 85

Midhurst West Sussex Tel: +44 1730 810951 GU29 9DS United Kingdom Fax: +44 1730 812042

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

**Head of Department PROF.I IATROU** 

Person responsible for education PROF.N.PAPADOGEORGAKIS

**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) iiatrou@dent.uoa.grl E-mail

1. Are you interested in receiving

visiting clinicians? Trainees and clinicians

2. Areas of clinical interest / expertise Oncology

> If 'other' cleft palate,trauma,craniofacial,orthognathic

surgery, distraction osteogenesis

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

4. Is the Department currently teaching? Yes

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

6. Is the Department accredited as an

official training center in your Country? Yes

7. Period for which your Department is

able to accept visiting trainees: 1 month

8. Could your Department offer financial

support or payment for work to a visitor? No

9. Could your institution arrange

accommodation for a visitor? Please select ..

Fee Charged (Euros)

10. Technical experience offered Observer status only

Please return completed document to:

**EACMFS Secretariat** 

**PO Box 85** 

**West Sussex** +44 1730 810951 Midhurst Tel: **GU29 9DS United Kingdom** Fax: +44 1730 812042 e-mail: secretariat@eacmts.org

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

Please return completed document to:

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PO Box 85

Midhurst West Sussex Tel: +44 1730 810951

GU29 9DS United Kingdom Fax: +44 1730 812042

E-mail:

#### 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 M ia 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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#### INTERNATIONAL TEACHING CENTERS NETWORK

**Department (City and Country)** Hyderabad, India

**Head of Department** Prof. Dr. Srinivas Gosla Reddy

Person responsible for education Prof. Dr.Dr. Srinivas Gosla Reddy

Postal Address: Road/Street

Saidabad

GSR Hospital, 17-1-383/55, Vinaynagar Colony, I.S. Sadan,

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: **Englsh** 

4. Is the Department currently teaching? Yes

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

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

7. Period for which your Department is

able to accept visiting trainees:

2-3 months

**Could your Department offer financial** 

support or payment for work to a visitor?

No

10. Could your institution arrange

accommodation for a visitor?

Yes no charge

Fee Charged (Euros)

11. Technical experience offered

Hands on clinical care and operating

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 Paralyses**

3. Language/s used for teaching: english

Is the Department currently teaching? Yes

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

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:

**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

1 year

Please return completed document to:

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**PO Box 85** 

Midhurst West Sussex Tel: +44 1730 810951 **GU29 9DS** United Kingdom

#### INTERNATIONAL TEACHING CENTERS NETWORK

Department (City and Country) òewugiuwegtpDepartment 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 Fax (inc code)

+30 081 5453491

E-mail Cellphone (inc code) +30 336 946331

califano@unina.it

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

**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

Is the Department currently teaching? Yes

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

Is the Department accredited as an

official training center in your Country? Yes

Period for which your Department is

able to accept visiting trainees: 1 month

**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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GU29 9DS United Kingdom Fax: +44 1730 812042

- 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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Midhurst West Sussex Tel: +44 1730 810951

GU29 9DS United Kingdom Fax: +44 1730 812042

**Department (City and Country)** Maxillofacial Surgery Unit, University Hospital of Parma, Parma

(Italy)

**Head of Department** Prof. Enrico Sesenna

Person responsible for education Prof. Enrico Sesenna

**Postal Address:** Road/Street Via Gramsci, 14

> Town /City Parma

Post/ZIP Code 43126 Country Italy

**Telephone (inc code)** +39-0521-703109 Fax (inc code) +39-0521-703761

Cellphone (inc code) E-mail enrico.sesenna@unipr.it

1. Are you interested in receiving

visiting clinicians? **Trainees** 

2. Areas of clinical interest / expertise Oncology

> If 'other' Microsurgery, Reconstruction, Cleft lip/palate,

Orthognatic

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

4. Is the Department currently teaching? Yes

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

Is the Department accredited as an

official training center in your Country? Yes

Period for which your Department is 7.

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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**PO Box 85** 

Midhurst West Sussex Tel: +44 1730 810951 Fax: +44 1730 812042 e-mail: secretariat@eacmfs.org **GU29 9DS** United Kingdom

## 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

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 Coun

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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**PO Box 85** 

Midhurst West Sussex Tel: +44 1730 810951 GU29 9DS United Kingdom Fax: +44 1730 812042

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

Is the Department currently teaching?

Yes

5. At what level is teaching carried out?

Intern/Resident

Is the Department accredited as an

official training center in your Country?

Yes

Period for which your Department is 7.

able to accept visiting trainees:

1-2 weeks

**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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**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)

E-mail s.berge@mka.umcn.nl Cellphone (inc code)

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** 

Is the Department currently teaching? Yes

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

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

Yes

Period for which your Department is

able to accept visiting trainees: 2-3 months

**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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**PO Box 85** 

Midhurst West Sussex Tel: +44 1730 810951 **GU29 9DS** United Kingdom

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

Groningen

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

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

Hanzeplein 1 **Postal Address:** Road/Street

> 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 Implantalogy, Oral Medicine, Oncology,

**Orthognathic Surgery, Traumatology** 

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

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

Period for which your Department is 7.

able to accept visiting trainees: 2-3 months

**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

Please return completed document to:

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Midhurst West Sussex Tel: +44 1730 810951 Fax: +44 1730 812042 e-mail: secretariat@eacmfs.org **GU29 9DS** United Kingdom

**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 I.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

Is the Department accredited as an

official training center in your Country? Yes

Period for which your Department is 7.

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

Please return completed document to:

**EACMFS Secretariat** 

PO Box 85

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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

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 Tel: +44 1730 810951 GU29 9DS United Kingdom Fax: +44 1730 812042

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, frech, spanish

4. Is the Department currently teaching? Yes

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

Is the Department accredited as an

official training center in your Country? Yes

Period for which your Department is 7.

> 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

Please return completed document to:

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**PO Box 85** 

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#### 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

Is the Department accredited as an 6.

official training center in your Country? No

Period for which your Department is 7.

> able to accept visiting trainees: 2-3 months

**Could your Department offer financial** 

support or payment for work to a visitor? No

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:

**EACMFS Secretariat** 

PO Box 85

Midhurst West Sussex +44 1730 810951 Tel: Fax: +44 1730 812042 e-mail: secretariat@eacmfs.org **GU29 9DS** United Kingdom

**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: Str. Cardinal Iuliu Hossu 37 Road/Street

> 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

Language/s used for teaching: **English, French, German** 

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

Period for which your Department is 7.

able to accept visiting trainees: 1 month

**Could your Department offer financial** 

support or payment for work to a visitor? No

9. Could your institution arrange

accommodation for a visitor? Please select ..

Fee Charged (Euros)

10. Technical experience offered Hands on clinical care and operating

Please return completed document to:

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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: **INDEPENDENȚEI** Road/Street

> 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'

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

Is the Department currently teaching? Yes

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

Is the Department accredited as an

official training center in your Country? Yes

Period for which your Department is 7.

> able to accept visiting trainees: 1 month

**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

Please return completed document to:

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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: **INDEPENDENȚEI** Road/Street

> 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'

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

Is the Department currently teaching? Yes

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

Is the Department accredited as an

official training center in your Country? Yes

Period for which your Department is 7.

> 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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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

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

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

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

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

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

1. Are you interested in receiving

visiting clinicians? Trainees

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

If 'other' Traumatology, Ocologoical 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

Please return completed document to:

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**PO Box 85** 

Midhurst West Sussex Tel: +44 1730 810951 GU29 9DS United Kingdom Fax: +44 1730 812042

Clinic for Maxillofacial Surgery, School of Dentistry, Belgrade,

Serbia

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

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

**Department (City and Country)** 

visiting clinicians? **Trainees** 

2. Areas of clinical interest / expertise Orthognathic

> If 'other' extraoral implantology; MF prosthodontics

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

Is the Department currently teaching? Yes

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

Is the Department accredited as an

official training center in your Country? Yes

Period for which your Department is 7.

> able to accept visiting trainees: 1 month

**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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**PO Box 85** 

Midhurst **West Sussex** Tel: +44 1730 810951 **GU29 9DS United Kingdom** Fax: +44 1730 812042 e-mail: secretariat@eacmfs.org

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: Blvd.Zorana Djindjica 52 Road/Street

> 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

Is the Department currently teaching? Yes

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

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

**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

**Department (City and Country)** Ramon y Cajal University Hospital, Madrid (Spain)

**Head of Department** Julio ACERO

Person responsible for education F. ALMEIDA

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

> 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** 

Is the Department currently teaching? Yes

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

Is the Department accredited as an

official training center in your Country? Yes

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

1-2 weeks

**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:

**EACMFS Secretariat** 

**PO Box 85** 

Midhurst West Sussex Tel: +44 1730 810951 **GU29 9DS** United Kingdom

**Department (City and Country)** Madrid, Spain

**Head of Department** Dr. Miguel Burgueño

Person responsible for education Dra. Ma José Morán and Dra. Elena Gómez

Postal Address: Paseo de la Castellana 261 Road/Street

> 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

**English and Spanish** Language/s used for teaching:

4. Is the Department currently teaching? Yes

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

Is the Department accredited as an

official training center in your Country? Yes

Period for which your Department is 7.

able to accept visiting trainees: 1 month

**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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**PO Box 85** 

Midhurst West Sussex Tel: +44 1730 810951 Fax: +44 1730 812042 e-mail: secretariat@eacmfs.org **GU29 9DS** United Kingdom

#### INTERNATIONAL TEACHING CENTERS NETWORK

Department (City and Country) MURCIA. SPAIN

Head of Department

MARIA ANGELES RODRIGUEZ

Person responsible for education VICTOR VILLANUEVA SAN VICENTE

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

Town /City EL PALMAR / MURCIA

Post/ZIP Code 30120 Country SPAIN

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

Cellphone (inc code) E-mail

paula.cascales@carm.es

1. Are you interested in receiving

visiting clinicians? Trainees

2. Areas of clinical interest / expertise Oncology

If 'other' orthognathic, tmj desease

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

4. Is the Department currently teaching? Yes

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

6. Is the Department accredited as an

official training center in your Country? Yes

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

- 8. Could your Department offer financial support or payment for work to a visitor? No
- 9. Could your institution arrange accommodation for a visitor?

Fee Charged (Euros) about 300€/ month

Yes, fee charged

10. Technical experience offered

Hands on clinical care and operating

Please return completed document to:

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GU29 9DS United Kingdom Fax: +44 1730 812042

e-mail: secretariat@eacmfs.org

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'

Language/s used for teaching: english/spanish/french 3.

4. Is the Department currently teaching? Yes

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

Is the Department accredited as an

official training center in your Country? Yes

Period for which your Department is 7.

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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**PO Box 85** 

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Department (City and Country) FUNDACION JIMENEZ DIAZ, MADRID SPAIN

Head of Department DOLORES MARTINEZ PEREZ

Person responsible for education DOLORES MARTINEZ PEREZ

Postal Address: Road/Street AVDA REYES CATOLICOS

Town /City MADRID

Post/ZIP Code 28040 Country SPAIN

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

Cellphone (inc code) E-mail

1. Are you interested in receiving

visiting clinicians? Trainees

2. Areas of clinical interest / expertise Reconstruction

If 'other'

3. Language/s used for teaching: SPANISH, ENGLISH

4. Is the Department currently teaching? Yes

5. At what level is teaching carried out? Undergraduate

6. Is the Department accredited as an

official training center in your Country? No

7. Period for which your Department is

able to accept visiting trainees: 1 month

8. Could your Department offer financial

support or payment for work to a visitor? No

9. Could your institution arrange

accommodation for a visitor? Please select ..

Fee Charged (Euros)

10. Technical experience offered Observer status only

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

**Department (City and Country)** Oral and Maxillofacial. Vall d'Hebron University Hospital.

Barcelona. Spain

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

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

Language/s used for teaching: spanish, english, catalan

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

Period for which your Department is 7.

able to accept visiting trainees: 1 month

**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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**PO Box 85** 

Midhurst **West Sussex** Tel: +44 1730 810951 Fax: +44 1730 812042 e-mail: secretariat@eacmfs.org **GU29 9DS** United Kingdom

**Department (City and Country)** Gazi Univ., Fac.of Dent., Dept.Oral&Maxillofac.Surg.

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

Prof.Dr.İnci KARACA Person responsible for education

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)

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

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

Is the Department currently teaching? Yes

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

Is the Department accredited as an

official training center in your Country? Yes

Period for which your Department is

able to accept visiting trainees: 2-3 months

**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:

**EACMFS Secretariat** 

**PO Box 85** 

Midhurst West Sussex GU29 9DS United Kingdom Tel: +44 1730 810951

**Department (City and Country) Coventry UK** 

**Head of Department** Mr Peter Stockton

Person responsible for education Mr Raj Sandhu

**Postal Address: Clifford Bridge Road** Road/Street

> Town /City Birmingham

Post/ZIP Code CV2 2DX Country UK

**Telephone (inc code)** 0247696400 Fax (inc code)

Cellphone (inc code) E-mail

1. Are you interested in receiving

visiting clinicians? **Trainees** 

2. Areas of clinical interest / expertise Orthognathic

If 'other'

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

4. Is the Department currently teaching? Yes

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

Is the Department accredited as an

official training center in your Country? Yes

Period for which your Department is 7.

> able to accept visiting trainees: 6 months

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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**PO Box 85** 

Midhurst **West Sussex** Tel: +44 1730 810951 Fax: +44 1730 812042 e-mail: secretariat@eacmfs.org **GU29 9DS** United Kingdom

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

University Hospitals, Oxford UK

Mr Stephen Bond **Head of Department** 

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

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

Is the Department accredited as an

official training center in your Country? Yes

Period for which your Department is 7.

> able to accept visiting trainees: 2-3 months

**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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**PO Box 85** 

Midhurst West Sussex Tel: +44 1730 810951 Fax: +44 1730 812042 e-mail: secretariat@eacmfs.org **GU29 9DS United Kingdom** 

Department (City and Country) Glasgow, Scotland UK

Head of Department Mr David Koppel

Person responsible for education Mr Ian Holland

Postal Address: Road/Street 1345 Govan Road

Town /City Glasgow

Post/ZIP Code G51 4TF Country UK

Cellphone (inc code) E-mail

1. Are you interested in receiving

visiting clinicians? Fellows(Post-specialists)

2. Areas of clinical interest / expertise Craniofacial

If 'other' All areas of OMFS

3. Language/s used for teaching: Englsih

4. Is the Department currently teaching? Yes

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

6. Is the Department accredited as an

official training center in your Country? Yes

7. Period for which your Department is

able to accept visiting trainees: 1 year

8. Could your Department offer financial

support or payment for work to a visitor? Yes

9. Could your institution arrange

accommodation for a visitor? Please select ..

Fee Charged (Euros)

10. Technical experience offered Hands on clinical care and operating

Please return completed document to:

**EACMFS Secretariat** 

**PO Box 85** 

Midhurst West Sussex Tel: +44 1730 810951 GU29 9DS United Kingdom Fax: +44 1730 812042

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

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

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

Period for which your Department is 7.

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 +44 1730 810951 Tel: **GU29 9DS** United Kingdom

#### 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 **E-mail** 

mark.mcgurk@kcl.ac.uk

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:

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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

Please return completed document to:

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PO Box 85

Midhurst West Sussex Tel: +44 1730 810951

GU29 9DS United Kingdom Fax: +44 1730 812042

e-mail: secretariat@eacmfs.org

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

**Head of Department** 

Person responsible for education I H McVicar

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

> Town /City Nottingham

Post/ZIP Code NG7 2UH Country UK

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

8493386

**Cellphone (inc code)** +44(0)7850401874 E-mail iain.mcvicar@nuh.nhs.uk

1. Are you interested in receiving

visiting clinicians? Fellows(Post-specialists)

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

> If 'other' Oncology, trauma, TMJ, orthognathic

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

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

Period for which your Department is 7.

> able to accept visiting trainees: 2-3 months

**Could your Department offer financial** 8.

support or payment for work to a visitor? No

9. Could your institution arrange

accommodation for a visitor? Yes, fee charged

> Fee Charged (Euros) variable depending on type of accommodation

required

10. Technical experience offered Observer status only

Please return completed document to:

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**PO Box 85** 

Midhurst West Sussex Tel: +44 1730 810951 Fax: +44 1730 812042 e-mail: secretariat@eacmfs.org **GU29 9DS** United Kingdom

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

**Head of Department** Mr Alan Wilson

Person responsible for education Mr Stephen Walsh

St Richards Hospital Postal Address: Road/Street

> 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

Is the Department currently teaching? Yes

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

Is the Department accredited as an

official training center in your Country? Yes

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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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**

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

Period for which your Department is 7.

> able to accept visiting trainees: 1-2 weeks

**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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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

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

Please return completed document to:

**EACMFS Secretariat** 

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Midhurst West Sussex Tel: +44 1730 810951 GU29 9DS United Kingdom Fax: +44 1730 812042