



European Association for Cranio-Maxillo-Facial Surgery  
(EACMFS)  
**ENDOWMENTS COMMITTEE**

**PROFESSOR JOHN LOWRY CONGRESS SCHOLARSHIP**

(Please type or use BLOCK CAPITALS and ensure that this form is completed in FULL and that all the documentation is enclosed / appended). Incomplete applications unfortunately cannot be considered.

Family  
Name/Surname \_\_\_\_\_

First  
Name/Prenom/Vorname \_\_\_\_\_

Qualifications(Date and  
Institute) \_\_\_\_\_

Category and Date of EACMFS Membership  
[Trainee / Active  
within 3 years]  
\_\_\_\_\_

Present  
Post/Appointment \_\_\_\_\_

Date of  
Appointment \_\_\_\_\_

Postal Address \_\_\_\_\_

\_\_\_\_\_

e-mail address: \_\_\_\_\_ Tet \_\_\_\_\_

Fax: \_\_\_\_\_

EACMFS CONGRESS  
year/venue \_\_\_\_\_

Title of  
Abstract \_\_\_\_\_

Date of Submission \_\_\_\_\_

Main aims of attending the Congress

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Head of Department of present post/appointment

I support this application and confirm that both leave of absence to participate in the Congress will be granted and salary will continue to be paid during the period of leave of absence

\_\_\_\_\_ (signature) \_\_\_\_\_ (Name)

2. EACMFS Council Member (normally the appropriate National Councillor)

I am aware of the applicant's training and abilities and support this submission

\_\_\_\_\_ (signature) \_\_\_\_\_ (Name)

3. Copy of Abstract submitted to Congress Organisation (Please enclose/append)

4. Copy of Registration Form for Congress (Please enclose/append)

5. I agree that if successful in this application I will submit a report to the Secretary-General within three months of returning and that the copyright of any paper resulting from the presentation will rest initially with the Editor-in-Chief of the Journal of Cranio-Maxillofacial Surgery

\_\_\_\_\_ (signature) \_\_\_\_\_ (Date)

SUMMARY OF CURRICULUM VITAE (Please include details of previous appointments with dates/ prizes/awards/distinctions etc and publications) CONTRIBUTIONS ALREADY MADE TO THE SPECIALTY AND CAREER ASPIRATIONS

Please return this application form when FULLY completed to:

Secretary-General EACMFS  
PO Box 85  
Midhurst  
West Sussex GU29 9WS  
UNITED KINGDOM

(Applications must be received no later than 30th June,  
each Congress year)

[secretariat@eacmfs.org](mailto:secretariat@eacmfs.org)