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# **EACMFS BLUE BOOK**

## **June 2017**

**(International Teaching Centers Network)**



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<b>UK</b>	<b>Oxford</b>	<b>BOND/SAEED</b>





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

**Department (City and Country)**  
Vienna

**Clinic for Oral and Maxillofacial Surgery, Medical University of**

**Head of Department**

**Person responsible for education**

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

Town /City Vienna

Post/ZIP Code 1090 Country Austria

**Telephone (inc code)** 00431404004259

**Fax (inc code)** 00431404004253

**Cellphone (inc code)** 00436648326832

**E-mail** gerhard.undt@meduniwien.ac.at

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

**Fellows(Post-specialists)**

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

**Microvascular surgery**

If 'other' **Oncology, reconstruction, traumatology,  
orthognathic, cleft lip/palate**

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

**English, German**

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

**Yes**

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

**Intern/Resident**

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

**Yes**

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

**2 years**

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

**No**

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

**Yes, fee charged**

**Fee Charged (Euros)**

10. **Technical experience offered**

**Observer status only**

**Please return completed document to:**

**EACMFS Secretariat**

**PO Box 85**

**Midhurst West Sussex**

**GU29 9DS United Kingdom**

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

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

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

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

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

**Head of Department** E Lahy

**Person responsible for education** E Lahy

**Postal Address:** Road/Street **Av Hippocrate 10**  
Town /City Brussels  
Post/ZIP Code 1200 Country Belgium

**Telephone (inc code)** 003227645710 **Fax (inc code)** 003227645876

**Cellphone (inc code)** **E-mail** herve.reychler@uclouvain.be

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

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

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

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

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

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

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

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

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

**Fee Charged (Euros)**

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

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

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

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

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

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

Town /City Antwerp

Post/ZIP Code 2018 Country Belgium

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

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

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

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

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

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

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

**Department (City and Country)** Department of Oral and Maxillofacial Surgery,  
Rigshospitalet, Copenhagen University Hospital, Denmark

**Head of Department** Dr. Thomas Kofod

**Person responsible for education** Dr. Simon Storgaard Jensen

**Postal Address:** Road/Street **Blegdamsvej, 9**

Town /City **Copenhagen**

Post/ZIP Code **2100** Country **Denmark**

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

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

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

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

9. Could your institution arrange accommodation for a visitor?

Please select ..

Fee Charged (Euros)

10. Technical experience offered  
Hands on clinical care and operating

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

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

**Head of Department** John Jensen

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Head of Department** Pr H. Bénateau

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

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

Town /City Caen

Post/ZIP Code 14000 Country France

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

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

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

**Fee Charged (Euros)**

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

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

**Department (City and Country) :** Maxillo-facial Surgery – Estaing Hospital - Clermont-Ferrand (FRANCE)

**Head of Department :** Prof I. BARTHELEMY

**Person responsible for education :** Prof. I. BARTHELEMY

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

Town /City : CLERMONT-FERRAND CEDEX 1

Post /ZIP Code 63003

Country: France

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

**Fax (inc code) + 33 4 73**

**Cellphone (inc code)**  
clermontferrand.fr

**E-mail:** ibarthelemy@chu-

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

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

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

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

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

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

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

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

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

**9. Could your institution arrange accommodation for a visitor?** No

Fee Charged (Euros)

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

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

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

**Head of Department** Pr C.Chossegros

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

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

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

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

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

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

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

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

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

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

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

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

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

**Fee Charged (Euros)**

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

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

<b>Department (City and Country)</b>	Lille France		
<b>Head of Department</b>	Pr FERRI		
<b>Person responsible for education</b>	PR FERRI		
<b>Postal Address:</b>	Road/Street	<b>Department of oral and maxillo-facail surgery. H R Salengro</b>	
<b>CHRU</b>			
	Town /City	Lille cedex	
	Post/ZIP Code	59037	Country France
<b>Telephone (inc code)</b>	33 (0) 3 20 44 63 76	<b>Fax (inc code)</b>	33 (0) 3 20 44 63 60
<b>Cellphone (inc code)</b>		<b>E-mail</b>	n-manderick°chru-lille.fr
<b>1. Are you interested in receiving visiting clinicians?</b>		<b>Trainees</b>	
<b>2. Areas of clinical interest / expertise</b>		<b>Orthognathic</b>	
	<b>If 'other'</b>	<b>preprosthetic surgeries, implant, maxillofacial reconstruction</b>	
<b>3. Language/s used for teaching:</b>		<b>French English</b>	
<b>4. Is the Department currently teaching?</b>		<b>Yes</b>	
<b>5. At what level is teaching carried out?</b>		<b>Post-specialist/Fellow</b>	
<b>6. Is the Department accredited as an official training center in your Country?</b>		<b>Yes</b>	
<b>7. Period for which your Department is able to accept visiting trainees:</b>		<b>6 months</b>	
<b>8. Could your Department offer financial support or payment for work to a visitor?</b>		<b>No</b>	
<b>9. Could your institution arrange accommodation for a visitor?</b>		<b>Yes, fee charged</b>	
	<b>Fee Charged (Euros)</b>	150 E/month	
<b>10. Technical experience offered</b>		<b>Hands on clinical care and operating</b>	

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

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

**Head of Department** Pr Jean-Paul Meningaud

**Person responsible for education** Pr Meningaud

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

Town /City Creteil

Post/ZIP Code 94010

Country

France

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

**Fax (inc code)**

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

**E-mail**

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

**Fellows(Post-specialists)**

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

**Reconstruction**

If 'other' cosmetic

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

**French and English**

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

**Yes**

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

**Post-specialist/Fellow**

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

**Yes**

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

**2-3 months**

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

9. Could your institution arrange accommodation for a visitor?

Please select ..

Fee Charged (Euros)

10. Technical experience offered

Observer status only

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

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

**Head of Department** G. Bettega

**Person responsible for education** G. Bettega

**Postal Address:** Road/Street **Service de chirurgie maxillo-faciale. Hôpital A Michallon. BP 217**

Town /City GRENOBLE

Post/ZIP Code 38043 Country France

**Telephone (inc code)** +33476765528 **Fax (inc code)** +33476768953

**Cellphone (inc code)** **E-mail** gbettega@chu-grenoble.fr

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

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

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

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

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

**Department (City and Country)** Paris

**Head of Department** MP Vazquez

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

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

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

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

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

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

**Department (City and Country)** Munich, Germany

**Head of Department** Prof. Dr. Dr. Wolff

**Person responsible for education** PD Dr. Dr. Kesting

**Postal Address:** Road/Street Ismaninger Str. 22

Town /City Munich

Post/ZIP Code 81675

Country

Germany

**Telephone (inc code)** 00498941402921  
00498941404339

**Fax (inc code)**

**Cellphone (inc code)**

**E-mail**

wolff@mkg.med.tum.de

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

**Trainees**

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

**Reconstruction**

If 'other'

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

**english**

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

**Yes**

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

**Intern/Resident**

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

**Yes**

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

**1-2 weeks**

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

9. Could your institution arrange  
accommodation for a visitor?

Please select ..

Fee Charged (Euros)

10. Technical experience offered

Not applicable

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

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

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

**Person responsible for education Prof. Neukam, PD Wehrhan**

**Postal Address:** Road/Street **Glückstr. 11**  
Town /City **Erlangen**  
Post/ZIP Code **91054** Country **Germany**

**Telephone (inc code) +49 9131 8533601 Fax (inc code) +49 9131 8536288**

**Cellphone (inc code) E-mail mkg-chirurgie@uk-erlangen.de**

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

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

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

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

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

**Department (City and Country)** Univ. Hospital, Oral & Maxillofacial Surgery (Freiburg/Germany)

**Head of Department** Prof Dr Dr Stefan Haßfeld

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

**Postal Address:** Road/Street Munsterstr. 240

Town /City Dortmund

Post/ZIP Code D-44145

Country Germany

**Telephone (inc code)** +49 231 95318500

**Fax (inc code)**

**Cellphone (inc code)**

**E-mail**

mkg-chirurgie@klinikumdo.de

1. Are you interested in receiving visiting clinicians?

Fellows(Post-specialists)

2. Areas of clinical interest / expertise

Oncology

If 'other'

Reconstruction, Truamatology, Orthognathic

3. Language/s used for teaching:

English, German

4. Is the Department currently teaching?

Yes

5. At what level is teaching carried out?

Intern/Resident

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

Yes

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

2-3 months

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

No

9. Could your institution arrange accommodation for a visitor?

Yes, fee charged

Fee Charged (Euros)

200

10. Technical experience offered

Observer status only

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

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

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

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

**Postal Address:** Road/Street Theaterstrasse 20

Town /City Wuerzburg

Post/ZIP Code 97070

Country

Germany

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

**Fax (inc code)**

**Cellphone (inc code)**  
medical.com

**E-mail** info@bill-

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

Trainees

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

Other (please state)

If 'other' Orthognathic and Aesthetic

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

German, English, Croatian

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

Yes

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

Not applicable

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

Yes

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

2-3 months



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

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

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

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

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

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

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

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

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

1. **Are you interested in receiving visiting clinicians?** **Fellows(Post-specialists)**
2. **Areas of clinical interest / expertise** **Reconstruction**  
If 'other' **Craniofacial surgery/Oncology**
3. **Language/s used for teaching:** **German, English**
4. **Is the Department currently teaching?** **Yes**
5. **At what level is teaching carried out?** **Not applicable**
6. **Is the Department accredited as an official training center in your Country?** **Yes**
7. **Period for which your Department is able to accept visiting trainees:** **1 month**
8. **Could your Department offer financial support or payment for work to a visitor?** **No**
9. **Could your institution arrange accommodation for a visitor?** **Yes, fee charged**  
**Fee Charged (Euros)**
10. **Technical experience offered** **Hands on clinical care and operating**

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EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY  
INTERNATIONAL TEACHING CENTERS NETWORK

Department (City and Country) Hannover / Germany

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

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

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

Town /City Hannover

Post/ZIP Code 30625 Country Germany

Telephone (inc code) + 49 511 532 4747

Fax (inc code) + 49 511 532 8726

Cellphone (inc code)

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

1. Are you interested in receiving visiting clinicians?

Fellows(Post-specialists)

2. Areas of clinical interest / expertise

Please select .. *Dentoalveolar, Aesthetic/*

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

3. Language/s used for teaching:

German or English

4. Is the Department currently teaching?

Yes

5. At what level is teaching carried out?

Please select .. *Intern/resident, post-specialist, fellow*

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

Yes

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

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

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

9. Could your institution arrange accommodation for a visitor?

Yes, fee charged

Fee Charged (Euros)

400

10. Technical experience offered

Please select .. *Hands on clinical care and operating, and observe status also*

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

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

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

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

**Department (City and Country)** Department of Oral and Maxillofacial Surgery; University Medical Center Hamburg Eppendorf, Martinistr. 52, 20246 Hamburg, Germany

**Head of Department** Prof. Dr. Dr. Max Heiland

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

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

Town /City Hamburg

Post/ZIP Code 20246 Country Germany

**Telephone (inc code)** 004940741053251

**Fax (inc code)** 004940741055467

**Cellphone (inc code)** 004915222817750

**E-mail** m.heiland@uke.de

1. Are you interested in receiving visiting clinicians? **Fellows(Post-specialists)**
2. Areas of clinical interest / expertise **Reconstruction**  
If 'other' **Traumatology, Orthognathic Surgery**
3. Language/s used for teaching: **English, German**
4. Is the Department currently teaching? **Yes**
5. At what level is teaching carried out? **Post-specialist/Fellow**
6. Is the Department accredited as an official training center in your Country? **Yes**
7. Period for which your Department is able to accept visiting trainees: **2 years**
8. Could your Department offer financial support or payment for work to a visitor? **No**
9. Could your institution arrange accommodation for a visitor? **Yes, fee charged**  
**Fee Charged (Euros)** 800 per month
10. Technical experience offered **Observer status only**

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

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

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

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

**Postal Address:** Road/Street **Oberer Eselsberg 40**

Town /City **Ulm**

Post/ZIP Code **89081** Country **Germany**

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

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

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

**E-mail** alexander.schramm@extern.uni-

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

**Fellows(Post-specialists)**

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

**Reconstruction**

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

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

**German and English**

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

**Yes**

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

**Please select ..**

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

**Yes**

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

**2 years**

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

**No**

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

**Please select ..**

**Fee Charged (Euros)**

10. **Technical experience offered**

**Hands on clinical care and operating**

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

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

**Head of Department** PROF.KONSTANTINOS ALEXANDRIDIS

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

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

Town /City GOUDI

Post/ZIP Code 11527 Country GREECE

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

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

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

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

1. Are you interested in receiving visiting clinicians?

Trainees

2. Areas of clinical interest / expertise

Oncology

If 'other'

cleft palate,trauma,craniofacial,orthognathic

3. Language/s used for teaching:

english

4. Is the Department currently teaching?

Yes

5. At what level is teaching carried out?

Intern/Resident

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

Yes

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

1 month

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

No

9. Could your institution arrange accommodation for a visitor?

Please select ..

**Fee Charged (Euros)**

10. Technical experience offered

Observer status only

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

9. Could your institution arrange accommodation for a visitor?

Please select ..

Fee Charged (Euros)

10. Technical experience offered

Observer status only

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

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

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

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# EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY

## INTERNATIONAL TEACHING CENTERS NETWORK

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

Head of Department **Luigi Califano, MD**

Person responsible for education **Luigi Califano, MD**

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

Town /City **Naples**

Post/ZIP Code **80131**

Country

**Italy**

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

Fax (inc code)

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

E-mail

1. Are you interested in receiving  
visiting clinicians?

**Trainees**

2. Areas of clinical interest / expertise

**Oncology**

If 'other'

**Salivary gland surgery**

3. Language/s used for teaching:

**English, Italian**

4. Is the Department currently teaching?

**Yes**

5. At what level is teaching carried out?

**Intern/Resident**

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

**Yes**

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

**6 months**

# EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY

## INTERNATIONAL TEACHING CENTERS NETWORK

Department (City and Country) DEPARTMENT OF CRANIO-MAXILLO-FACIAL SURGERY - Center for Orbital Pathology & Surgery - Reference Center for Rare Diseases FERRARA - ITALY www.drclauser.com

Head of Department PROF. LUIGI C. CLAUSER

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

Postal Address: Road/Street VIA ALDO MORO 8

Town /City FERRARA - CONA

Post/ZIP Code 44124 Country ITALY

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

Cellphone (inc code) E-mail csr@unife.it

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

2. Areas of clinical interest / expertise Craniofacial

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

3. Language/s used for teaching: ENGLISH

4. Is the Department currently teaching? Yes

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

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

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

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

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

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7. Period for which your Department is able to accept visiting trainees: 6 months
8. Could your Department offer financial support or payment for work to a visitor? No
9. Could your institution arrange accommodation for a visitor? Please select ..
- Fee Charged (Euros)
10. Technical experience offered Observer status only

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

9. Could your institution arrange accommodation for a visitor?

Please select ..

Fee Charged (Euros)

10. Technical experience offered  
Hands on clinical care and operating

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

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

**Head of Department** Prof. Claudio Taglia

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Department (City and Country)** Nijmegen Netherlands

**Head of Department** Prof. Dr. S. Bergé

**Person responsible for education** Prof. Dr. S. Bergé

**Postal Address:** Road/Street **geert Grooteplein 14**

Town /City Nijmegen

Post/ZIP Code 6500 HB Country Netherlands

**Telephone (inc code)** 0031243614550 **Fax (inc code)**

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

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

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

If 'other' **Craniofacial and Cleft**

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

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

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

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

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

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

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

**Fee Charged (Euros)** 25 Euro/day

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

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

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

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

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

**Postal Address:** Road/Street **Hanzeplein 1**  
Town /City Groningen  
Post/ZIP Code 9713 GZ Country Netherlands

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

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

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

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

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

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

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

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

Town /City Amsterdam

Post/ZIP Code 1066 CX Country Amsterdam

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Town /City Nis

Post/ZIP Code 18000 Country Serbia

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

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

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

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

If 'other' cleft lip/palate,traumatology

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

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

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

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

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

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

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

**Fee Charged (Euros)**

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

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

**Head of Department** Julio ACERO

**Person responsible for education** F. ALMEIDA

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

Town /City Madrid

Post/ZIP Code 28034 Country Spain

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

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

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

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

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

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

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

**Department (City and Country) MURCIA. SPAIN**

**Head of Department MARIA ANGELES RODRIGUEZ**

**Person responsible for education VICTOR VILLANUEVA SAN VICENTE**

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

**Town /City EL PALMAR / MURCIA**

**Post/ZIP Code 30120**

**Country**

**SPAIN**

**Telephone (inc code) +34968369017**

**Fax (inc code)**

**Cellphone (inc code)**

**paula.cascales@carm.es**

**E-mail**

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

**Trainees**

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

**Oncology**

**If 'other' orthognathic, tmj disease**

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

**English, french, spanish**

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

**Yes**

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

**Intern/Resident**

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

**Yes**

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

**1 year**

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

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

**Fee Charged (Euros)**                      about 300€/ month

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

**Please return completed document to:**

**EACMFS Secretariat**

**PO Box 85**

**Midhurst    West Sussex**

**GU29 9DS    United Kingdom**

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

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

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

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

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

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

**Head of Department                                      DOLORES MARTINEZ PEREZ**

**Person responsible for education                      DOLORES MARTINEZ PEREZ**

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

**Town /City                      MADRID**

**Post/ZIP Code                      28040                      Country                      SPAIN**

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

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

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

**Trainees**

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

**Reconstruction**

**If 'other'**

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

**SPANISH, ENGLISH**

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

**Yes**

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

**Undergraduate**

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

**No**

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

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

**No**

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

**Please select ..**

**Fee Charged (Euros)**

**10. Technical experience offered**

**Observer status only**

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

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

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

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

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

Town /City Barcelon

Post/ZIP Code 08035 Country Spain

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

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

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

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

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

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

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

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

Town /City ANKARA

Post/ZIP Code 06510 Country TURKEY

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

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

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

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

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

**Head of Department** Mr Stephen Bond

**Person responsible for education** Mr Nadeem Saeed

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

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

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

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

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

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

**Head of Department Prof McGurk**

**Person responsible for education Prof M McGurk**

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

**Town /City London**

**Post/ZIP Code SE1 2PR**

**Country**

**Telephone (inc code) 00442071884348**

**Fax (inc code)**

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

**E-mail**

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

**Fellows(Post-specialists)**

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

**Oncology**

**If 'other'**

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

**English**

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

**Yes**

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

**Post-specialist/Fellow**

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

**Yes**

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

**2-3 months**

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

9. Could your institution arrange accommodation for a visitor?

Yes, fee charged

Fee Charged (Euros)

10. Technical experience offered  
Hands on clinical care and operating

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

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

**Head of Department Brian Musgrove**

**Person responsible for education Stuart Clark**

**Postal Address: Road/Street Oxford Road**

**Town /City Manchester**

**Post/ZIP Code M13 9WL**

**Country UK**

**Telephone (inc code) +44 161 276 8639**

**Fax (inc code)**

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

**E-mail elizabeth**

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

**Fellows(Post-specialists)**

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

**Oncology**

**If 'other' CL&P**

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

**English**

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

**Yes**

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

**Post-specialist/Fellow**

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

**Yes**

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

**1 month**

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

9. Could your institution arrange  
accommodation for a visitor?

Please select ..

Fee Charged (Euros)

10. Technical experience offered

Observer status only

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**EUROPEAN ASSOCIATION FOR CRANIO-MAXILLOFACIAL SURGERY**  
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**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	<b>Kayll Road</b>		
Town /City	Sunderland		
Post/ZIP Code	SR4 7TP	Country	UK

**Telephone (inc code)** 44 191 569 9132                      **Fax (inc code)**                      44 191 569 9231

**Cellphone (inc code)**    **E-mail** julie.grassam@chs.northy.nhs.uk

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

**Fee Charged (Euros)**
10. **Technical experience offered**    **Observer status only**

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

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

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

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