EACMFS BLUE BOOK
June 2017
(International Teaching Centers Network)
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</tr>
</tbody>
</table>
Department (City and Country)  Klagenfurt

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

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

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

4. Is the Department currently teaching?  Yes

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

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

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

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

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

   Fee Charged (Euros)  15 EUR per day

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  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 Country  Austria
Telephone (inc code) +43 5522 303 1500    Fax (inc code) 
Cellphone (inc code)       E-mail oliver.ploder@lkhf.at

1. Are you interested in receiving visiting clinicians?       Trainees

2. Areas of clinical interest / expertise Orthognathic
   If ‘other’ Implantology

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

4. Is the Department currently teaching? Yes

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

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

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

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

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

   Fee Charged (Euros) 14,86 € per week, and final cleaning 18,66 €,
   deposit 56 €

10. Technical experience offered Observer status only

Please return completed document to:
EACMFS Secretariat
PO Box 85
Midhurst West Sussex GU29 9DS United Kingdom
Tel: +44 1730 810951
Fax: +44 1730 812042
e-mail: secretariat@eacmfs.org
Department (City and Country) Clinic for Oral and Maxillofacial Surgery, Medical University of Vienna

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
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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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)  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 visiting clinicians?

2. Areas of clinical interest / expertise

   If ‘other’  Reconstruction

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

4. Is the Department currently teaching?

5. At what level is teaching carried out?

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

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

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

9. Could your institution arrange accommodation for a visitor?

10. Technical experience offered

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e-mail:  secretariat@eacmfs.org
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<th><strong>Department (City and Country)</strong></th>
<th>Brussels, Belgium</th>
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<td><strong>Head of Department</strong></td>
<td>Prof Mommaerts, dr. mult.</td>
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<td><strong>Person responsible for education</strong></td>
<td>Prof Mommaerts</td>
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<td><strong>Postal Address:</strong></td>
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<tr>
<td><strong>E-mail</strong></td>
<td><a href="mailto:maxfac@uzbrussel.be">maxfac@uzbrussel.be</a></td>
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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

Please return completed document to:
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PO Box 85
Midhurst West Sussex GU29 9DS United Kingdom
Tel: +44 1730 810951
Fax: +44 1730 812042
E-mail: secretariat@eacmfs.org
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

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)  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

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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PO Box 85
Midhurst West Sussex Tel: +44 1730 810951
GU29 9DS United Kingdom Fax: +44 1730 812042
e-mail: secretariat@eacmts.org
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’ Cleft & Craniofacial, Orthognathic and Aesthetic 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) varies
10. Technical experience offered Observer status only

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PO Box 85
Midhurst West Sussex
GU29 9DS United Kingdom
Tel: +44 1730 810951
Fax: +44 1730 812042
E-mail: secretariat@eacmts.org
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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Midhurst  West Sussex
GU29 9DS  United Kingdom
Tel:  +44 1730 810951
Fax:  +44 1730 812042
e-mail:  secretariat@eacmfs.org
Department (City and Country): Department of Oral and Maxillofacial Surgery, Righospitalet, 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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Head of Department  John Jensen
Person responsible for education  Jytte Buhl / Sven Erik Noerholt
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               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

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)  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

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@eacmts.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

Telephone (inc code) (33)561772397 Fax (inc code) (33)561779123

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

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
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 Country? Yes
7. Period for which your Department is 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
10. Technical experience offered Observer status only
<table>
<thead>
<tr>
<th><strong>Department (City and Country)</strong></th>
<th>MARSEILLE FRANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Head of Department</strong></td>
<td>DR CHANAVAZ</td>
</tr>
<tr>
<td><strong>Person responsible for education</strong></td>
<td>DR CHANAVAZ</td>
</tr>
<tr>
<td><strong>Postal Address:</strong></td>
<td>CENTRE OROFACE 33 BD DES FARIGOULES</td>
</tr>
<tr>
<td>Road/Street</td>
<td>AUBAGNE</td>
</tr>
<tr>
<td>Town/City</td>
<td></td>
</tr>
<tr>
<td>Post/ZIP Code</td>
<td>13400</td>
</tr>
<tr>
<td>Country</td>
<td>FRANCE</td>
</tr>
<tr>
<td><strong>Telephone (inc code)</strong></td>
<td>+33607296628</td>
</tr>
<tr>
<td><strong>Fax (inc code)</strong></td>
<td><a href="mailto:chanavaz.philippe@wanadoo.fr">chanavaz.philippe@wanadoo.fr</a></td>
</tr>
</tbody>
</table>

1. Are you interested in receiving visiting clinicians? Fellows (Post-specialists)
2. Areas of clinical interest / expertise Implantology
   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: 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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Midhurst West Sussex
GU29 9DS United Kingdom
Tel: +44 1730 810951
Fax: +44 1730 812042
e-mail: secretariat@eacmfs.org
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

Department (City and Country)       Lille  France
Head of Department                  Pr FERRI
Person responsible for education    PR FERRI
Postal Address:                     Department of oral and maxillo-facail surgery. H R Salengro
                                     CHRU
                                      Road/Street
                                      Town /City       Lille cedex
                                      Post/ZIP Code    59037
                                      Country         France
Telephone (inc code) 33 (0) 3 20 44 63 76  Fax (inc code) 33 (0) 3 20 44 63 60
Cellphone (inc code)
E-mail                             n-manderick@chru-lille.fr

1. Are you interested in receiving visiting clinicians?  Trainees
2. Areas of clinical interest / expertise  Orthognathic
   If ‘other’ preprosthetic surgeries, implant, maxillofacial reconstruction
3. Language/s used for teaching:  French  English
4. Is the Department currently teaching?  Yes
5. At what level is teaching carried out?  Post-specialist/Fellow
6. Is the Department accredited as an official training center in your Country?  Yes
7. Period for which your Department is able to accept visiting trainees:  6 months
8. Could your Department offer financial support or payment for work to a visitor?  No
9. Could your institution arrange accommodation for a visitor?  Yes, fee charged
   Fee Charged (Euros)  150 E/month
10. Technical experience offered  Hands on clinical care and operating

Please return completed document to:
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PO Box 85
Midhurst  West Sussex  GU29 9DS  United Kingdom
Tel:  +44 1730 810951  Fax:  +44 1730 812042  e-mail: secretariat@eacmfs.org
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
Cellphone (inc code) 0033622518377 E-mail cmf@chu-amiens.fr

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

2. Areas of clinical interest / expertise Microsurgery
   If ‘other’ cleft, orthognathic, reconstruction, dentoalveolar esthetic ...

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

4. Is the Department currently teaching? Yes

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

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

7. Period for which your Department is able to accept visiting trainees: 6 months

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

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

10. Technical experience offered Hands on clinical care and operating

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PO Box 85
Midhurst West Sussex Tel: +44 1730 810951
GU29 9DS United Kingdom Fax: +44 1730 812042
e-mail: secretariat@eacmfs.org
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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GU29 9DS United Kingdom
Tel: +44 1730 810951
Fax: +44 1730 812042
e-mail: secretariat@eacmfs.org
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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PO Box 85
Midhurst West Sussex
GU29 9DS United Kingdom
Tel: +44 1730 810951
Fax: +44 1730 812042
E-mail: secretariat@eacmfs.org
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
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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GU29 9DS  United Kingdom  Fax: +44 1730 812042
            e-mail: secretariat@eacmfs.org
### European Association for Cranio-Maxillofacial Surgery

**International Teaching Centers Network**

<table>
<thead>
<tr>
<th>Department (City and Country)</th>
<th>Paris</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head of Department</td>
<td>MP Vazquez</td>
</tr>
<tr>
<td>Person responsible for education</td>
<td>A Picard/ MP Vazquez</td>
</tr>
<tr>
<td><strong>Postal Address:</strong></td>
<td><strong>Hôpital Necker 149 rue de Sevres</strong></td>
</tr>
<tr>
<td>Road/Street</td>
<td>Paris</td>
</tr>
<tr>
<td>Town/City</td>
<td>Paris</td>
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<tr>
<td>Post/ZIP Code</td>
<td>75015</td>
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<tr>
<td>Country</td>
<td>france</td>
</tr>
<tr>
<td>Telephone (inc code)</td>
<td>0033171396753</td>
</tr>
<tr>
<td>Fax (inc code)</td>
<td>n/a</td>
</tr>
<tr>
<td>Cellphone (inc code)</td>
<td>0033682107640</td>
</tr>
<tr>
<td>E-mail</td>
<td><a href="mailto:arnaud.picard@nck.aphp.fr">arnaud.picard@nck.aphp.fr</a></td>
</tr>
</tbody>
</table>

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

Please return completed document to:

**EACMFS Secretariat**

PO Box 85
Midhurst West Sussex GU29 9DS United Kingdom

Tel: +44 1730 810951
Fax: +44 1730 812042
e-mail: secretariat@eacmts.org
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 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

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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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) Oral- and Maxillofacial Surgery, Erlangen, Germany

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 853601
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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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) 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

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)**
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

**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, Traumatology, 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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PO Box 85
Midhurst West Sussex Tel: +44 1730 810951
GU29 9DS United Kingdom Fax: +44 1730 812042

E-mail: secretariat@eacmts.org
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
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
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 accommodation 350 €/month
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
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:  Im Neuenheimer Feld 400
Road/Street
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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Midhurst  West Sussex  GU29 9DS  United Kingdom
Tel:  +44 1730 810951
Fax:  +44 1730 812042
e-mail:  secretariat@eacmfs.org
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 (incl code) +49 511 532 4747 Fax (incl code) +49 511 532 8726

Cellphone (incl 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, Prosthetics, Creft / C.P. 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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PO Box 85
Midhurst West Sussex GU29 9DS United Kingdom

Tel: +44 1730 810951
Fax: +44 1730 812042
E-mail: secretariat@eacmfs.org
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
Telephone (inc code)                    00495613086500    Fax (inc code)  004956130865504
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

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

### Telephone (inc code) +49 211 8118181
### Fax (inc code) +49 211 8118877

### Cellphone (inc code)

### E-mail kuebler@med.uni-duesseldorf.de

<table>
<thead>
<tr>
<th>1. Are you interested in receiving visiting clinicians?</th>
<th>Fellows(Post-specialists)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Areas of clinical interest / expertise</td>
<td>Reconstruction</td>
</tr>
<tr>
<td>If ‘other’</td>
<td>whole spectrum</td>
</tr>
</tbody>
</table>

| 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:
EACMFS Secretariat
PO Box 85
Midhurst West Sussex Tel: +44 1730 810951
GU29 9DS United Kingdom Fax: +44 1730 812042
e-mail: secretariat@eac
10. Technical experience offered  Observer status only
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 ..

10. Technical experience offered  
Hands on clinical care and operating
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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PO Box 85
Midhurst West Sussex
GU29 9DS United Kingdom
Tel: +44 1730 810951
Fax: +44 1730 812042
E-mail: secretariat@eacmfs.org
Department (City and Country) DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY, Evangelismos 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) ++302107461267 Fax (inc code) ++302107461266
Cellphone (inc code) E-mail iiatrou@dent.uoa.gr

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, postgraduate, 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) Observer status only

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e-mail: secretariat@eacmfs.org
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:
    EACMFS Secretariat
    PO Box 85
    Midhurst West Sussex Tel: +44 1730 810951
    GU29 9DS United Kingdom Fax: +44 1730 812042
    E-mail:
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 i a 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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EACMFS Secretariat

PO Box 85
Midhurst West Sussex Tel: +44 1730 810951
GU29 9DS United Kingdom Fax: +44 1730 812042
Department (City and Country)   Hyderabad, India
Head of Department   Prof. Dr. Dr. Srinivas Gosla Reddy
Person responsible for education   Prof. Dr. Dr. Srinivas Gosla Reddy
Postal Address:   GSR Hospital, 17-1-383/55, Vinaynagar Colony, I.S. Sadan, Saidabad
Town /City   Hyderabad
Post/ZIP Code   500059 Country India
Telephone (inc code)   +919849059836  Fax (inc code)
Cellphone (inc code)   +919849016969  E-mail   goslareddy@gmail.com

1. Are you interested in receiving visiting clinicians?   Fellows (post specialists)
2. Areas of clinical interest / expertise   Cleft lip/palate
   If ‘other’
3. Language/s used for teaching:   English
4. Is the Department currently teaching?   Yes
5. At what level is teaching carried out?   Post-specialist/Fellow
6. Is the Department accredited as an official training center in your Country?   Yes
7. Period for which your Department is able to accept visiting trainees:   2-3 months
8. Could your Department offer financial support or payment for work to a visitor?   No
9. Could your institution arrange accommodation for a visitor?   Yes no charge
   Fee Charged (Euros)
10. Technical experience offered   Hands on clinical care and operating
Department (City and Country)  Milan - Italy
Head of Department  Federico Biglioli
Person responsible for education  Federico Biglioli
Postal Address:  Road/Street Via A. di Rudini 8
          Town /City  Milan
          Post/ZIP Code  20090  Country  Italy
Telephone (inc code) 0039(0)2 81844707  Fax (inc code)
Cellphone (inc code) 00393386574402  E-mail federico.biglioli@unimi.it

1. Are you interested in receiving visiting clinicians? Trainees
2. Areas of clinical interest / expertise Microsurgery
   If ‘other’ Facial Paralyses
3. Language/s used for teaching:  english
4. Is the Department currently teaching? Yes
5. At what level is teaching carried out? Intern/Resident
6. Is the Department accredited as an official training center in your Country? Yes
7. Period for which your Department is able to accept visiting trainees: 1 year
8. Could your Department offer financial support or payment for work to a visitor? No
9. Could your institution arrange accommodation for a visitor? Yes, fee charged
   Fee Charged (Euros) 300?
10. Technical experience offered Hands on clinical care and operating

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e-mail: secretariat@eacmts.org
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 Fax (inc code)
+30 081 5453491

Cellphone (inc code) +30 336 946331 E-mail 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:  piazzale Golgi 18
              Road/Street  Pavia
              Town /City
              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 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: 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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GU29 9DS  United Kingdom  Fax: +44 1730 812042
E-mail:  secretariat@eacmfs.org
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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PO Box 85
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e-mail: secretariat@eacmfs.org
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: Via Gramsci, 14

Telephone (inc code): +39-0521-703109

Fax (inc code): +39-0521-703761

E-mail: enrico.sesenna@unipr.it

1. Are you interested in receiving visiting clinicians? Trainees

2. Areas of clinical interest / expertise

   If ‘other’ Microsurgery, Reconstruction, Cleft lip/palate, Orthognatic

   Oncology

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? No

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

   Fee Charged (Euros):

10. Technical experience offered: Observer status only
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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e-mail: secretariat@eacmfs.org
**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:**
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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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Midhurst West Sussex
GU29 9DS United Kingdom
Tel: +44 1730 810951
Fax: +44 1730 812042
e-mail: secretariat@eacmts.org
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
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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PO Box 85
Midhurst West Sussex GU29 9DS United Kingdom Tel: +44 1730 810951
Fax: +44 1730 812042 e-mail: secretariat@eacmfs.org
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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  e-mail:  secretariat@eacmfs.org
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
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

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
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

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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
Maxillofacial Surgery Department (Lisbon, Portugal)

Prof. Dr. Paulo Valejo Coelho

Dr. Fernando Cabrita

R. José António Serrano

Lisboa 1150-199

+351 218 841 000

+351 218 864 616

http://www.chlc.min-saude.pt

1. Are you interested in receiving visiting clinicians? Trainees

2. Areas of clinical interest / expertise
   - Oncology
   - 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

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..

10. Technical experience offered Observer status only

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PO Box 85
Midhurst  West Sussex  GU29 9DS  United Kingdom
Tel: +44 1730 810951
Fax: +44 1730 812042
e-mail: secretariat@eacmfs.org
Department (City and Country)  Lisbon - Portugal Maxillo-facial Surgery & Implantology/Dentistry Department at Hospital Cuf Descobertas

Head of Department  Correia, Pedro MD, DDS
Person responsible for education  Pereira, Hugo MD
Postal Address:  Road/Street  Rua Mario Botas
Town /City  Lisbon
Post/ZIP Code  1998-018  Country  Portugal
Telephone (inc code)  +351210025229  Fax (inc code)  +351210025554
Cellphone (inc code)  +351962827289  E-mail  hugo.pereira@jmellosaude.pt

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

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GU29 9DS  United Kingdom
Tel:  +44 1730 810951
Fax:  +44 1730 812042
e-mail:  secretariat@eacmfs.org
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you interested in receiving visiting clinicians?</td>
<td>Yes</td>
</tr>
<tr>
<td>Areas of clinical interest / expertise</td>
<td>Orthognathic, Oncology, Dentoalveolar Surgery, Clefts, Preprosthetic, Microsurgery, Reconstruction</td>
</tr>
<tr>
<td>Language/s used for teaching</td>
<td>English, French, German</td>
</tr>
<tr>
<td>Is the Department currently teaching?</td>
<td>Yes</td>
</tr>
<tr>
<td>At what level is teaching carried out?</td>
<td>Intern/Resident</td>
</tr>
<tr>
<td>Is the Department accredited as an official training center in your Country?</td>
<td>Yes</td>
</tr>
<tr>
<td>Period for which your Department is able to accept visiting trainees:</td>
<td>1 month</td>
</tr>
<tr>
<td>Could your Department offer financial support or payment for work to a visitor?</td>
<td>No</td>
</tr>
<tr>
<td>Could your institution arrange accommodation for a visitor?</td>
<td>Please select ..</td>
</tr>
<tr>
<td>Technical experience offered</td>
<td>Hands on clinical care and operating</td>
</tr>
</tbody>
</table>

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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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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
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
e-mail: secretariat@eacmts.org
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
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, Oncological 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
   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@eacmts.org
Department (City and Country) Clinic for Maxillofacial Surgery, School of Dentistry, Belgrade, Serbia
Head of Department Prof. M. Gavrić
Person responsible for education Prof. V. Konstantinović
Postal Address: Road/Street Dr. Subotića 4
Town/City Belgrade
Post/ZIP Code 11000 Country Serbia
Telephone (inc code) +3812685342 Fax (inc code) +3812685342
Cellphone (inc code) +38163263887 E-mail v.konstantinovic@stomf.bg.ac.rs

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

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) 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

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@eacmts.org
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
Town /City  Madrid
Post/ZIP Code  28034  Country Spain
Telephone (inc code)  0034 913368000  Fax (inc code)
Cellphone (inc code)  E-mail  j-acero@telefonica.net

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

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

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) 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

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

Head of Department  DOLORES MARTINEZ PEREZ

Person responsible for education  DOLORES MARTINEZ PEREZ

Postal Address:  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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Tel:  +44 1730 810951
Fax:  +44 1730 812042
e-mail:  secretariat@eacmfs.org
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 Barcelona
Post/ZIP Code 08035
Country Spain

Telephone (inc code) 34
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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PO Box 85
Midhurst West Sussex Tel: +44 1730 810951
GU29 9DS United Kingdom Fax: +44 1730 812042
e-mail: secretariat@eacmfs.org

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

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@eacmts.org
Department (City and Country)  Coventry UK
Head of Department  Mr Peter Stockton
Person responsible for education  Mr Raj Sandhu
Postal Address:  Road/Street  Clifford Bridge Road
                             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’
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:  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:
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): 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
   If ‘other’ Oncology, orthognathic, trauma, all areas of OMFS

3. Language/s used for teaching: English

4. Is the Department currently teaching? Yes

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

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

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

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

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

10. Technical experience offered Observer status only

Please return completed document to:
EACMFS Secretariat
PO Box 85
Midhurst West Sussex GU29 9DS United Kingdom
Tel: +44 1730 810951
Fax: +44 1730 812042
e-mail: secretariat@eacmfs.org
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

Telephone (inc code)  00 44 141 232 7510  Fax (inc code)

Cellphone (inc code)  

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:  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?  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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Midhurst  West Sussex  GU29 9DS  United Kingdom

Tel:  +44 1730 810951  Fax:  +44 1730 812042

E-mail:  secretariat@eacmts.org
Department (City and Country) Maxillofacial Surgery. Poole Dorset

Head of Department Professor Ilanko Ilankovan

Person responsible for education Professor Ilankovan

Postal Address: Road/Street Longfleet Road
Town /City Poole
Post/ZIP Code BH15 2JB Country United Kingdom

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

Cellphone (inc code)

E-mail jane.porter@poole.nhs.uk

1. Are you interested in receiving visiting clinicians? Trainees

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

3. Language/s used for teaching: English

4. Is the Department currently teaching? Yes

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

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

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

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

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

   Fee Charged (Euros)

10. Technical experience offered Hands on clinical care and operating

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PO Box 85
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GU29 9DS United Kingdom Fax: +44 1730 812042
e-mail: secretariat@eacmts.org
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

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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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)  Manchester UK

Head of Department  Brian Musgrove

Person responsible for education  Stuart Clark

Postal Address:  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)  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:
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
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

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? 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:
EACMFS Secretariat
PO Box 85
Midhurst West Sussex GU29 9DS United Kingdom
Tel: +44 1730 810951
Fax: +44 1730 812042
e-mail: secretariat@eacmfs.org
Department (City and Country) Maxillofacial Unit. St Richards Hospital. Chichester
Head of Department Mr Alan Wilson
Person responsible for education Mr Stephen Walsh
Postal Address: Road/Street St Richards Hospital
Town/City Chichester
Post/ZIP Code PO196SE Country UK
Telephone (inc code) 01243 831785 Fax (inc code)
Cellphone (inc code) E-mail swalsh1@nhs.net

1. Are you interested in receiving visiting clinicians? Trainees
2. Areas of clinical interest / expertise Other (please state)
   If ‘other’ Skin Cancer
3. Language/s used for teaching: english
4. Is the Department currently teaching? Yes
5. At what level is teaching carried out? Intern/Resident
6. Is the Department accredited as an official training center in your Country? Yes
7. Period for which your Department is able to accept visiting trainees: 1 month
8. Could your Department offer financial support or payment for work to a visitor? Yes
9. Could your institution arrange accommodation for a visitor? Yes, fee charged
   Fee Charged (Euros)
10. Technical experience offered Hands on clinical care and operating

Please return completed document to:
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GU29 9DS United Kingdom Fax: +44 1730 812042
E-mail: secretariat@eacmfs.org
Department (City and Country)                      Sunderland, UK
Head of Department                               Ian Martin (Clinical Director)
Person responsible for education                 David Keith (Specialist training) & Andy Burns (Basic training)
Postal Address:                                  Road/Street Kayll Road
                                                      Town/City Sunderland
                                                      Post/ZIP Code SR4 7TP
                                                      Country UK
Telephone (inc code)                             44 191 569 9132
Fax (inc code)                                   44 191 569 9231
Cellphone (inc code)                             E-mail julie.grassam@chs.northy.nhs.uk

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

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@eacmts.org
**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:** | Frauenklinikstrasse 24
Road/Street | 
Town /City | Zürich
Post/ZIP Code | 8091
Country | Switzerland
**Telephone (inc code)** | +41 25 59056
Fax (inc code) | +41 25 54179
**Cellphone (inc code)** | +41 76 4312431
**E-mail** | marius.bredell@usz.ch

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

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