



CORRESPONDING MEMBER APPLICATION

INSTRUCTIONS: PLEASE TYPE OR PRINT ALL INFORMATION

NAME (surname first) _____

MAILING ADDRESS _____

TELEPHONE _____ FACSIMILE _____

E-MAIL ADDRESS _____

SIGNATURE _____ DATE OF APPLICATION _____

Enclosed with this application:

1. A list of craniofacial clinical team members stating their names and specialty.
2. A list of publications and scientific contributions including full curriculum vitae.
3. Letters of sponsorship from two presently active members of this Society (may be sent separately).
4. A letter from the head of your craniofacial program.
5. A processing fee of USD \$50.00 payable to the International Society of Craniofacial Surgery. Please use the Processing Fee Registration Form (can be downloaded in Application Section).
6. **NO APPLICATION WILL BE ACCEPTED UNLESS ALL OF THE ABOVE ARE ASSEMBLED TOGETHER IN A SINGLE PACKAGE** (except number 3).



CORRESPONDING MEMBER CERTIFICATION

By my signature of this form, I certify that I am a qualified member of a team active in craniofacial surgery. I am an active member of a major medical specialty society and practice this specialty in my country.

DATE OF CERTIFICATION: _____

APPLICANT'S SIGNATURE: _____

Once completed, please send your application file to:

Prof. Dr. Irene Mathijssen
ISCFS Secretariat
Eendrachtsweg 57b
3012 LE Rotterdam
The Netherlands
Phone : +(31)-10-7036393
Fax : +(31)-10-7036844
e-mail : info@iscfs.org