

Research Interests/Training/Experience:

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Research Affiliation:

Organisation

Member Since

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Membership Sponsors (including at least one Research Member) :

Name of Sponsor I :

Signature: Date:

Name of Sponsor II :

Signature: Date:

YOUR APPLICATION MUST INCLUDE :

- 1) **this form fully completed (2 pages)**
- 2) **your Curriculum Vitae, including list of your publications**
- 3) **certification of your degree(s) : Ph.D., M.D., D.V.M., D.D.S., D.O., or other advanced academic degrees in a field related to craniofacial research**
- 4) **the processing fee and form**

Applicant's Signature:Date:

Once completed, please send your application file to:

**Dr. Eric Arnaud
ISCFS Secretariat
130 Rue de la Pompe
75116 PARIS, France**

If any questions :
**Phone : +(33) -1 47 27 44 31 (ask for Susan)
Fax : +(33) -1 47 27 65 15
e-mail : dericarnaud@hotmail.com**

