



Pre-registration for workshop in : _____
Date : _____

NAME :

FAMILY NAME:

(M / F)

Nationality:

Date

Mobile:

Email:

Date of birth:

Hospital:

2nd Chance // Number of workshop -

Basic course: Yes or No when ?

Did you receive any grant from 2nd Chance:

if yes: when and where?

COSECSA / WACS YES / NO // registered since:

Exams in MCS / FCS in when?

Actual position/Job objective (limit to 4)

- 1.
- 2.
- 3.
- 4.



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Summary of qualifications (limit to 4)

- 1.
- 2.
- 3.
- 4.

Education and credential (limit to 4)

- 1.
- 2.
- 3.
- 4.

Professional experience & knowledge and skills in reconstructive surgery (limit to 4)

- 1.
- 2.
- 3.
- 4.

Publications / abstract in congress (limit to 4)

- 1.
- 2.
- 3.
- 4.



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Motivation to assist at the “workshop of reconstructive surgery – basic techniques” (max 350 characters including space)