

APPLICATION FOR IADMFR FELLOWSHIP

Instructions for completing this form:

- 1. Type only
2. An application form in digital format can be obtained from the Office of the Secretariat.
3. Be complete. It is important that each item is answered completely to insure full and fair evaluation. Everything is important.
4. If more space is needed, please use additional sheets of paper.
5. Provide most recent information first when giving chronological information.

Return this form to the Secretary-General (a non-refundable fee of USD 400, payable to IADMFR, must be submitted at the time of application):

G.C.H. Sanderink DDS, PhD
Secretary General IADMFR
c/o ACTA
Dept. Oral Radiology
Louwesweg 1
1066 EA Amsterdam
The Netherlands

1. Personal Information

Last Name:

First Name and Middle Initials:

Date of birth:

Address:

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Phone:

Fax:

Email:

IADMFR #:.....

Member of the IADMFR since:

(Minimum period of five (5) consecutive years)

Attendance at and active contribution to at least two IADMFR Congresses

(please list congress, year, and contribution)

1.

2.

3.

2. Education-qualifications

(please specify: date, degree, speciality, institution and location)

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