



# EANS

## European Association of Neurosurgical Societies

<http://www.eans.org>

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### EANS TRAINING COURSE

## APPLICATION FORM FOR NEW PARTICIPANTS ONLY

TRONDHEIM NORWAY, 24<sup>TH</sup> – 28<sup>TH</sup> FEBRUARY 2008

Send the form signed by your chairman, to your NATIONAL DELEGATE to the EANS Training Committee, by **1<sup>ST</sup> October 2007**

Name of National Delegate:

Email address:

Confirmation of acceptance will be sent to successful applicants by 30<sup>th</sup> December 2007.

**Please contact [secretariat@eans.org](mailto:secretariat@eans.org) once you have received confirmation. Failure to do so will mean that your place on the course is not confirmed**

The registration fee for the course is €960 (**Individual Members of the EANS pay €900**)

**DO NOT PAY REGISTRATION FEE BEFORE YOU HAVE RECEIVED CONFIRMATION OF YOUR PLACE** when you get the bank information

### PLEASE TYPE OR PRINT CLEARLY

FAMILY NAME:

FIRST NAME:

NATIONALITY:

AGE:

M/F:

FULL POSTAL ADDRESS:

MOBILE TELEPHONE:

EMAIL:

HOSPITAL:

YEARS OF SPECIALIST NEUROSURGICAL TRAINING:

UNDERTAKING:

I (the trainee), understand and agree that I will attend the training courses

**UNACCOMPANIED.**

I (the trainee) agree to take the **EANS Part I exam** at the beginning of my 4<sup>th</sup> training course

I (the trainee) confirm that my written **AND SPOKEN ENGLISH** is of a sufficiently high standard to actively take part in all training course curricula

Signature of applicant.....

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### To be completed by the Chairman/Director of applicant's department

I confirm that Dr.....is/has been a trainee in this department and has been a specialist neurosurgical trainee for .....years

I confirm that the applicant's knowledge of English is of a sufficient standard to take part in all aspects of the training courses

Signature of Chairman/Director.....

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### To be completed by the National Delegate to the EANS Training Committee

I recommend the attendance of Dr.....to the EANS Training Courses

Signature.....

Remember: Chairman's signature, applicant's signature, send application form to National Delegate, **KEEP A COPY OF THIS FORM**

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