



# Application for EAES Clinical Visits – Host Institutions

## Host institution details

Name:	
Address:	
City:	Postal code:
Country:	

## Director – clinical visit details

Titles:	EAES member: YES <input type="radio"/> NO <input type="radio"/>
First name:	
Last name:	
Phone #:	
E-mail:	

## Contact person (only fill in this part if different from Director – clinical visits)

Titles:	EAES member: YES <input type="radio"/> NO <input type="radio"/>
First name:	
Last name:	
Phone #:	
E-mail:	

## Fields of main specialization

<input type="radio"/> Hernia	<input type="radio"/> Hepatobiliary
<input type="radio"/> Upper GI	<input type="radio"/> Pancreas
<input type="radio"/> Bariatric	<input type="radio"/> Thoracic
<input type="radio"/> Colorectal	<input type="radio"/> Single port
<input type="radio"/> Endocrine	<input type="radio"/> Robotic
<input type="radio"/> Flexible Endoscopy	<input type="radio"/> Other:

## Restrictions for participants (e.g EU only) YES NO

Please specify:

## Procedure details

Description of featured procedures (e.g. for bariatric – sleeve gastrectomy & gastric by-pass):

Number of featured procedures per year:
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Approximate number of featured procedures to be observed per week of visit:
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Expected number of clinical visits (one week, max 2 participants per visit) offered per year:
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Free accommodation for participants of clinical visit provided: YES <input type="radio"/> NO <input type="radio"/>
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Attachments: Short CV of the clinical visit director, including a list of 10 most important publications & presentations related to featured procedures.
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