

EPC-Fellowship – Application form

Application for the Clinical and Research EPC-Fellowship Program

Check here if you are applying for the EPC-**Research** Fellowship only _____

Check here if you are applying for the EPC-**Clinical** Fellowship only _____

Check here if you are applying for **both** fellowships _____

Personal data:

Name:

Surname:

Gender:

Department:

Address:

Phone:

Fax:

E-mail:

Research interest and experience:

Clinical interest and experience:

Directions: Complete this application and send with photograph, CV, and all other requirements to:

Prof. Dr. Helmut Friess
European Pancreatic Club
Department of Surgery
Klinikum Rechts der Isar
Technische Universität München
Ismaninger Str. 22
D-81675 Munich, Germany
Phone: ..49-89-41402121
Fax: ..49-89-41404870
E-mail: epc-secretary@chir.med.tu-muenchen.de