



Visit an ISAPSexpert Program – Listing Form

If you provide a fellowship, or are willing to accept ISAPS members in your practice for short periods of one-on-one training, please complete the information below. If approved by the Fellowship Committee, we will post these learning opportunities on our website. The structure of the teaching program is entirely up to you. By submitting this information to ISAPS, you agree to the statement at the end of the form. We thank you for your contribution to the continuing education of our Active members and young surgeons.

This form will expand as you type. Return to ResidentsandFellows@isaps.org

ISAPS Expert:

Clinic Name:

Contact Name:

Street:

City:

State/Province:

Postal Code:

Country:

Telephone:

Fax:

E-mail:

Website:

Description of Fellowship:

Duration:

Licensure Required:

Funding Provided:

Housing Provided:

Open to ISAPS Members only? YES NO

Special Requirements:

The ISAPS Expert and the Visitor hereby agree to jointly and severally release, defend and hold harmless the *International Society of Aesthetic Plastic Surgery* (ISAPS) from any claims, whether first party or third party claims, related in any fashion to the ISAPS Expert or to the Visitor, including but not limited to claims related to hiring, employment, compensation, supervision and/or malpractice.