



## ISAPSmentoring Program – Listing Form

---

If you provide a mentorship, please complete the information below. If approved by the Residents & Fellows Committee, we will post these mentoring opportunities on our website. The structure of the mentoring 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 young surgeons.

**This form will expand as you type.** Return to [ResidentsandFellows@isaps.org](mailto:ResidentsandFellows@isaps.org)

**ISAPSmentor:**

Clinic Name:

Contact Name:

Street:

City:

State/Province:

Postal Code:

Country:

Telephone:

Fax:

E-mail:

Website:

CV:

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