



EUROPEAN ACADEMY OF DERMATOLOGY AND VENEREOLOGY  
 ACADEMIE EUROPEENNE DE DERMATOLOGIE ET DE VENEREOLOGIE  
 A non profit association / Association sans but lucratif  
 Supporting Specialised Dermato-Venereologists

**Fostering Dermatology  
 and Venereology**

**FOSTERING  
 SEE MY PRACTICE REQUEST FORM**

**Focus Update for Specialists:  
 See My Practice Initiative**

Please complete this form using BLOCK LETTERS and either email it to: [fostering@eadv.org](mailto:fostering@eadv.org) or fax it to: +32 2 650 00 98

This form is also available on the website: <http://www.eadv.org/>

**Requests for visit received  
 throughout the whole year**

**REQUESTER** (private practitioner/specialist)

Dr.  Professor

\_\_\_\_\_

FAMILY NAME

\_\_\_\_\_

FIRST NAME

\_\_\_\_\_

NATIONALITY

\_\_\_\_\_

EADV MEMBERSHIP NUMBER

\_\_\_\_\_

PRIVATE PRACTICE ADDRESS

\_\_\_\_\_

HOME ADDRESS

\_\_\_\_\_

ZIP CODE

\_\_\_\_\_

CITY

\_\_\_\_\_

COUNTRY

\_\_\_\_\_

TEL. PRACTICE OFFICE

\_\_\_\_\_

TEL. HOME

\_\_\_\_\_

FAX: PRACTICE OFFICE

\_\_\_\_\_

E-MAIL

\_\_\_\_\_

MOBILE

1. choice: **HOST PRIVATE PRACTICE**

\_\_\_\_\_

PERIOD/DATE

\_\_\_\_\_

TOWN, COUNTRY

2. choice: **HOST PRIVATE PRACTICE**

\_\_\_\_\_

PERIOD/DATE

\_\_\_\_\_

TOWN, COUNTRY

- Please clearly check/tick this box should you require/wish any assistance with the establishment of contact to the host private practice of your choice from the provided list.
- Please check/tick this box to confirm that you do private practice (please underline whether in part-time or full-time).
- Please check/tick this box to confirm that you are a specialist in dermato-venereology.

**REQUIRED DOCUMENTATION / INFORMATION**

- Proof of establishment of contact with host practice office (needed only, if contact to private practice not established through assistance by the EADV).
- If not already confirmed, please check/tick this box for your agreement to be a host office, when required.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature Requester