

Medical Imaging Partnership (Use MIP logo)

MEDICAL IMAGING



PARTNERSHIP

Visiting Professor Program Application for Host Society

Name of National Radiology Society

Projected Number of Attendees

Address contd.

City and Country

Phone

Fax

**Name and e-mail
address of Contact
Person**

Application Prepared by (if different from contact person)

List names of staff fluent in English:

1)

2)

3)

Language in which medicine is taught:

Proposed Host Institution(s) (**attach separate applications for each institution**):

1)

2)

3)

Please list the subspecialty/modality areas you would like Visiting Professors to cover, in order of priority:

a)

b)

c)

d)

Describe visa regulations applying to a visiting professor:

Completed applications should be sent to:

Vikram Dogra, MD

Medical Imaging Partnership

E-Mail : info@medicalimagingpartnership.org
dogra@medicalimagingpartnership.org

APPLICATION DEADLINE September 30, 2011