

## ICOPLAST Visiting Professor 2026

Please fully complete this form and return it together with the required support information and documents to [info@icoplast.org](mailto:info@icoplast.org).

| National Society Details                        |  |
|---|--|
| Name of National, Regional or Specialty Society |  |
| Name of Society President                       |  |
| Name of ICOPLAST National Delegate              |  |

| Primary Contact                                     |  |
|---|--|
| Name:   |  |
| Telephone:<br>Country code/ City Code/ Local Number |  |
| Email:  |  |

| Congress Information |  |
|----------------------|--|
| Title:               |  |
| Location:            |  |
| Dates:               |  |
| Website:             |  |

| Description of the Specialty for which the ICOPLAST Visiting Professor is being requested |
|---|
|   |
| Please insert any other relevant information:   |
|   |

**As an Official Representative of the National, Regional or Specialty Society, I confirm that:**

- I have authority of the Board of our Society to request an ICOPLAST Visiting Professor for our Congress
- All the information contained in this form is full and correct
- I am aware of and agree that the Society will be responsible for all costs and arrangements in relation accommodation and expenses for the ICOPLAST Visiting Professor

|                      |  |  |  |
|----------------------|--|--|--|
| Name:                |  | Signature:   |  |
| Email address:       |  | Telephone Number:<br>(country code, city code, number) |  |
| Date of Application: |  |  |  |