

SESPRS Visiting Professor Request Form

Date: _____

Institution/Meeting Name: _____

Contact: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Presentation: _____ Location: _____

Date of Meeting: _____

Which Visiting Professor do you prefer? _____

Please list two topics from list provided:

1) _____

2) _____

Will both of these topics be required for presentation? Yes _____ No _____

How many residents will be attending this presentation? _____

A SESPRS Member must request the visiting professor, please list the member:

_____ SESPRS Member E-mail: _____

Main contact phone: _____

Please provide any other pertinent information (ie. event details, expectations): _____

- 1) Complete this form and e-mail to: srussell@sesprs.org or via fax: (435)487-2011.
- 2) Phone: (435)901-2544 with any questions.
- 3) Your request will be reviewed by the SESPRS office and you will be contacted once the request is reviewed/approved.
- 4) Approval of all requests will depend on the availability of the Visiting Professor.
- 5) Once approved you will be connected directly with the Visiting Professor to provide details to them and coordinate activities.

Regional and/or State Societies: Approval for a Visiting Professor to your meeting will be approved only if arrangements are made to the professor to meet with residents at an approved plastic surgery residency program immediately preceding, during or following your meeting OR, your regional or state society organizes a specific separate event for residents to meet with the Visiting Professor.

All printed materials must indicate that the Visiting Professor is Sponsored by The Southeastern Society of Plastic and Reconstructive Surgeons.