SECEC CONGRESS Poznan

September 15. – 18., 2021

**Deadine: February 15., 2021**

***ICL APPLICATION FOR SECEC CONGRESS***

**1- Title of the ICL :**

**Topic :**

☐ **SHOULDER**

☐ Trauma ☐ Arthroplasty ☐ Rotator cuff ☐ Instability ☐ Basic Science ☐ Tumor  
☐ Other : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ **ELBOW**

☐ Trauma ☐ Arthroplasty ☐ Basic Science ☐ Tumor ☐ Instability

☐ Other : \_\_\_\_\_ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2 - Chairman**: The Chairman of the ICL must be an Ordinary Member, he must have participated at least once in a podium or poster presentation, and must have been registered at 2 of the last 3 SECEC meetings.

Name : First name :

Date of birth :

City: Country:

Short CV :

Ordinary member: ☐ No ☐ **Yes**

Podium or poster participation at SECEC meetings: ☐ No ☐ **Yes**

☐ Tittle :

Posters and presentations during previous congress.

☐ Date :

Attendance to 2/3 last SECEC meetings: ☐ No ☐ **Yes**

**4 – ICL Summary:** A short summary is required regarding each part of the ICL related to the topic of each presenter of the ICL.

**5 – Team**

**:** The team is built by the ICL Chairman. Each team member must be a SECEC members or apply to become a SECEC members during the next congress as the latest.

* Presenter 1 : Tittle

Name : Name : First name : Date of birth :

City: Country:

SECEC member ☐ No ☐ **Yes**   
If No Application for SECEC Membership for 2021 ☐ No ☐ Yes

* Presenter 2 : Tittle \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name : First name : Date of birth :

City: Country:

SECEC member ☐ No ☐ **Yes**   
If No Application for SECEC Membership for 2021 ☐ No ☐ Yes

* Presenter 3 : Tittle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name : First name : Date of birth :

City: Country:

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SECEC member ☐ No ☐ **Yes**   
If No Application for SECEC Membership for 2021 ☐ No ☐ Yes

* Presenter 4 : Tittle \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name : First name : Date of birth :

City: Country:

SECEC member ☐ No ☐ Yes   
If No Application for SECEC Membership for 2017 ☐ No ☐ Yes

* Presenter 5 : Tittle \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name : First name : Date of birth :

City: Country:

SECEC member ☐ No ☐ **Yes**   
If No Application for SECEC Membership for 2021 ☐ No ☐ Yes

* Presenter 6 : Tittle \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name : First name : Date of birth :

City: Country:

SECEC member ☐ No ☐ **Yes**   
If No Application for SECEC Membership for 2021 ☐ No ☐ Yes

* Presenter 7 : Tittle \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name : First name : Date of birth :

City: Country:

SECEC member ☐ No ☐ Yes   
If No Application for SECEC Membership for 2021 ☐ No ☐ Yes

**6 - MC questions** : 4 MC questions must be prepared for the qualification program.