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**APPLICATION FORM   
Society of Urologic Oncology Exchange Programme  
A two-week scholarship in the USA for European Onco-Urologists**

**(Please print or type)**

## PERSONAL DATA:

**Name: ....................................................................................................**

**Date of birth: ....................................................................................................**

**Mailing address: ....................................................................................................**

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**E-mail address: ...................................................................................................**

**Phone and fax: ...................................................................................................**

**SIGNATURE:**

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Signature Name Date

E-mail the completed application, your curriculum vitae, a letter of recommendation, your list of publications and a 2 page written description of the unmet need, opportunity & plans to implement the knowledge upon returning to: [s.buijs@uroweb.org](mailto:s.buijs@uroweb.org), or send it by regular mail to:

The EAU Central Office

Attention: Susanne Buijs

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