

TWIN CITIES SPINE CENTER

VISITOR APPLICATION

Please complete this application in its entirety and attach a current photograph, current curriculum vitae, and letter of reference.

Email application to Education@tcspine.com, or fax to (612) 775-6105, ATTN: Lyla Westrup

Name _____

Current Address _____

Date of Birth _____

Country of Birth _____

Country of Citizenship _____

Current Position _____

(University faculty?) What level? _____

Private Practice? _____

Other? _____

Why do you wish to visit? _____

When do you wish to visit? _____

Start date: _____

End date: _____

Do you have a specific research interest? If so, please state the area of study you are interested in:

Who will be providing your letter of reference:

Name: _____

Professional position: _____

What is your professional relationship to this person: _____