



2018-2019 CSPS Visiting Professor Request Form
Michael S. Wong, MD, CSPS President

Date of Request: _____

California Plastic Surgery Residency Program Name: _____

Program Director: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Title: _____

Phone: _____ Fax: _____

E-mail: _____

PREFERRED DATE(S) OF PRESENTATION(S):

1. _____

2. _____

3. _____

TOPIC(S) REQUESTED FOR EACH OF THE RESIDENT/GRAND ROUND PRESENTATION(S):

For the presentations with the Residents/Grand Rounds, please select one of Dr. Wong's following topic areas for each group he will be presenting to and indicate which topic he should present to which group (i.e., Residents, Grand Rounds, etc.):

- Journey to the CSPS Presidency: A Story of Mentorship, Support and Encouragement*
- Sternal Plating: The Role of Rigid Fixation*
- Refinements in Post-Bariatric Body Contouring: Tissue Preservation and Local Tissue Rearrangements*
- Panniculectomy in Preparation for Kidney Transplantation: Improving Access to a Life-Extending Procedure*

TIME(S) OF PRESENTATION(S) & FORMAT [e.g., Meeting with Residents, Grand Rounds, Dinner Meeting, etc. - *Note: If you are requesting the Visiting Professor for more than one presentation, please list all of the types of presentations you are requesting below*]:

RESIDENTS – TOPIC AREA & FORMAT: _____

Anticipated number of attendees: _____

Length of Presentation & Time of Presentation: _____

GRAND ROUNDS – TOPIC AREA & FORMAT: _____

Anticipated number of attendees: _____

Length of Presentation & Time of Presentation: _____

LUNCH/DINNER MEETING – (with local society or other group-if requested to speak it will be a timely topic at the discretion of the Visiting Professor):

Anticipated number of attendees: _____

Length of Presentation & Time of Presentation: _____

LOCATION(S) FOR EACH PRESENTATION:

RESIDENTS: _____

GRAND ROUNDS: _____

LUNCH/DINNER MEETING: _____

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

Will your Plastic Surgery Residency Program help to offset any costs associated with the CSPS's Visiting Professor's Visit?

YES **NO**

If yes, what will your program assist with [e.g., hotel, travel, etc.] _____

RETURN COMPLETED FORM TO:

- 1. Complete this form and submit it to the CSPS Executive Office – cspsoffice@att.net
4269 Valley View Road, El Sobrante, CA 94803 – Attention: Christine Pahl – PHONE: (510) 243-1662
FAX: (510) 243-1663 - Your request will be reviewed and you will be notified as soon as possible about of the approval of your request and availability of the CSPS Visiting Professor.**
- 2. Once approved, we will have you contact the CSPS Visiting Professor to ensure all final arrangements are made prior to the visit.**

*CSPS Executive Office
4269 Valley View Road
El Sobrante, CA 94803
PHONE: (510) 243-1662 – FAX: (510) 243-1663
Email: cspsoffice@att.net*