



Clinical Workshop of Endoscopic Neurosurgery
November 14 - 15, 2012 ♦ Homburg-Saar / Germany

ANMELDEFORMULAR / REGISTRATION FORM

Zusendung der Anmeldung bitte bis 31. Oktober 2012
Please return the registration form until October 31, 2012

Fax: +49 (0) 6841 16 24016 or
Email: Gabriele.Singer@uks.eu

Ich melde mich verbindlich zur Teilnahme an:
I confirm my binding participation:

- Workshop November 14 - 15, 2012 70,00 €
- Dinner November 14, 2012 *No Tuition Fee*

Payment until November 5, 2012

Name / Surname	Vorname / First Name	Titel / Your Title
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Einrichtung, Institut, Klinik / Department, Institute, University		
<input style="width: 95%;" type="text"/>		
Straße / Street		
<input style="width: 95%;" type="text"/>		
Postleitzahl, Ort / ZIP Code, City, Country		
<input style="width: 95%;" type="text"/>		
Telefon / Phone	Fax	E-Mail
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Datum / Date	Unterschrift / Legal Signature	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

Info

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Sparkasse Saarbrücken ♦ Code: 590 501 01 ♦ Account number: 67021477 ♦ Account holder: University of Saarland ♦
Purpose: E-204 1502 02 - Prof. Dr. J. Oertel - Clinical Workshop March 2012 - Name of Participant
IBAN: DE17590501010067021477 ♦ SWIFT: (BIC) SAKSDE55