



**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*

**Banking fees have to be settled by the remitter**

**Payment until November 5, 2012**

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

**Info**

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<http://www.uks.eu/neurosurgery>

**Bank1Saar ♦ Code: 591 900 00 ♦ Account number: 97718008 ♦ Account holder: University of Saarland ♦**  
**Purpose: E-204 1502 02 - Prof. Dr. J. Oertel - Clinical Workshop November 2012 - Name of Participant**  
**IBAN: DE 94 5919 0000 0097 7180 08 ♦ SWIFT: (BIC) SABA DE 5 S**