



Endoscopic Neuro and Spine Surgery

REGISTRATION FORM

*Please return the registration form until **August 31, 2012***

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

**Cranial
Neuroendoscopy -
Focus Pediatrics**

Module 1

September 17 - 19, 2012

**Endoscopy of the
Lumbar and
Cervical Spine**

Module 2

September 19 - 21, 2012

I confirm my binding participation:

	Module 1 Sept. 17 - 19, 2012	Module 2 Sept. 19 - 21, 2012	Module 1 + 2 Sept. 17 - 21, 2012
<input type="checkbox"/> Workshop (incl. Social Program)	<input type="checkbox"/> 900,00 €	<input type="checkbox"/> 900,00 €	<input type="checkbox"/> 1.500,00 €
<input type="checkbox"/> Transfer	<input type="checkbox"/> 200,00 € <small>Frankfurt - Homburg: Sept. 17, 2012 Homburg - Frankfurt: Sept. 19, 2012</small>	<input type="checkbox"/> 200,00 € <small>Frankfurt - Homburg: Sept. 19, 2012 Homburg - Frankfurt: Sept. 21, 2012</small>	<input type="checkbox"/> 200,00 € <small>Frankfurt - Homburg: Sept. 17, 2012 Homburg - Frankfurt: Sept. 21, 2012</small>
<input type="checkbox"/> Accompanying persons Social program Transfer	<input type="checkbox"/> 100,00 € <input type="checkbox"/> 200,00 €	<input type="checkbox"/> 100,00 € <input type="checkbox"/> 200,00 €	<input type="checkbox"/> 150,00 € <input type="checkbox"/> 200,00 €
Social Program Module 1		Social Program Module 2	
<input type="checkbox"/> Get-Together:incl. Mon., Sept. 17, 2012, Schloßberg-Hotel	<input type="checkbox"/> Get-Together:incl. Wed., Sept. 19, 2012, Schloßberg-Hotel		
<input type="checkbox"/> Guided tour:incl. Tue., Sept. 18, 2012, Schloßberg-Höhlen	<input type="checkbox"/> Guided tour:incl. Thu., Sept. 20, 2012, Karlsberg-Brauerei		
<input type="checkbox"/> Dinner:incl. Tue., Sept. 18, 2012, Restaurant Scheune	<input type="checkbox"/> Dinner:incl. Thu., Sept. 20, 2012, Restaurant Rabenhorst		

Payment until **September 7, 2012**. Banking fees have to be settled by the remitter

The participation fee of € has been transferred on the 2012.

Surname

First Name

Title / Academic degree

Department, Institution, University

Street

ZIP Code, City, Country

Phone

Fax

E-Mail

Date

Legal Signature

Department of Neurosurgery ♦ Saarland University Medical Center ♦ 66421 Homburg-Saar / Germany
Phone: +49 (0) 6841 16 24400 ♦ Fax: +49 (0) 6841 16 24016 ♦ E-Mail: Gabriele.Singer@uks.eu

Sparkasse Saarbrücken ♦ Code: 590 501 01 ♦ Account number: 67021477 ♦ Account holder: University of Saarland ♦
Purpose: E-204 1502 02 - Prof. Oertel: Workshop September 2012, Name of participant, Module-N°. IBAN: DE 17 5905 0101 0067 0214 77 ♦ SWIFT (BIC): SAKS DE 55