



Department of  
Neurosurgery

**Clinical Workshop of  
Endoscopic Neurosurgery**

Homburg-Saar, November 28 - 29, 2013



## Clinical Workshop of Endoscopic Neurosurgery

November 28 - 29, 2013 ♦ Homburg-Saar / Germany

### ANMELDEFORMULAR / REGISTRATION FORM

**Zusendung der Anmeldung bitte bis 10. November 2013**  
**Please return the registration form until November 10, 2013**

**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 28 - 29, 2013 . . . . 70,00 €  
 Dinner November 28, 2013 . . . . .no tuition fee

**Payment until November 17, 2013**

First name	Last name	Academic title
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Department, Institute, University**

**Street**

**ZIP Code, City, Country**

Phone	Fax	E-Mail
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date	Legal Signature
<input type="text"/>	<input type="text"/>

### Info

Klinik für Neurochirurgie ♦ Universitätsklinikum des Saarlandes ♦ 66421 Homburg-Saar  
Department of Neurosurgery ♦ Saarland University Medical Center ♦ 66421 Homburg-Saar / Germany  
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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 2013 - Name of Participant  
IBAN: DE 94 5919 0000 0097 7180 08 ♦ SWIFT: (BIC) SABA DE 5 S**

**Please note, that all banking fees have to be settled by the remitter**