



Clinical Workshop of Endoscopic Neurosurgery
March 07 - 08, 2013 ♦ Homburg-Saar / Germany

ANMELDEFORMULAR / REGISTRATION FORM

Zusendung der Anmeldung bitte bis 17. Februar 2013
Please return the registration form until February 17, 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 March 07 - 08, 2013 70,00 €
- Dinner March 07, 2013 *no tuition fee*

Payment until February 24, 2013

Family name	First name	Academic title
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Work address: University, Department, Faculty or Institute		
<input style="width: 98%;" type="text"/>		
Street		
<input style="width: 98%;" type="text"/>		
ZIP, City, Country		
<input style="width: 98%;" type="text"/>		
Phone	Fax	E-Mail
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Date	Signature	
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Info

Klinik für Neurochirurgie ♦ Universitätsklinikum des Saarlandes ♦ 66421 Homburg-Saar
Department of Neurosurgery ♦ Saarland University Medical Center ♦ 66421 Homburg-Saar / Germany
Tel. / Phone: +49 (0) 6841 16 24400 ♦ Fax: +49 (0) 6841 16 24016 ♦ E-Mail: Gabriele.Singer@uks.eu
<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 March 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