



## Clinical Workshop of Endoscopic Neurosurgery

March 13 - 14, 2014 ♦ Homburg-Saar / Germany

### ANMELDEFORMULAR / REGISTRATION FORM

Zusendung der Anmeldung bitte bis 16. Februar 2014

*Please return the registration form until February 16, 2014*

Fax: +49 (0) 6841 16 24016 or

Email: [Gabriele.Singer@uks.eu](mailto:Gabriele.Singer@uks.eu)

Department of  
Neurosurgery

Clinical Workshop of  
Endoscopic Neurosurgery

Homburg-Saar, March 13 - 14, 2014



UKS  
Saarland University  
Medical Center

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

- Workshop                      March 13 - 14, 2014                      ..... 70,00 €
- Dinner                              March 13, 2014                              ..... no tuition fee

**Payment until February 23, 2014**

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

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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. Oertel - Clinical Workshop March 2014 - Name of Participant  
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**Please note, that all banking fees have to be settled by the remitter**

