



Clinical Workshop of Endoscopic Neurosurgery
March 19 - 20, 2015 ♦ Homburg-Saar / Germany



Department of
Neurosurgery

**Clinical Workshop of
Endoscopic Neurosurgery**

Homburg-Saar, March 19 - 20, 2015



REGISTRATION FORM

Please return the registration form until March 05, 2015

Fax: +49 (0) 6841 16 24016 • Email: Gabriele.Singer@uks.eu

I confirm my binding participation:

- Workshop March 19 - 20, 2015 150,00 €
 Dinner March 19, 2015 (included)

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"/>

General Terms and Conditions

Organization

Course Director
Joachim Oertel, M.D. PhD.

Local Organization

Stefan Linsler, M.D.
Sebastian Senger, M.D.
Gabriele Singer-Koop
Department of Neurosurgery
Kirrberger Straße, Building 90.5
Saarland University
Medical Center
66421 Homburg-Saar / Germany

Phone: +49 (0) 6841 1624400
Fax: +49 (0) 6841 1624016
E-Mail: Gabriele.Singer@uks.eu

Registration Deadline: March 05, 2015

The registration is possible from our website:
www.uks.eu/neurosurgery or with the enclosed registration from by email of fax

- Registration is only confirmed after receipt of payment
- With your registration you accept our general terms and conditions

Participation Fee

The participation fee is 150.00 €

Includes: Workshop, coffee breakes, dinner, congress bag, name badges, photo-CD

Not includes: Travel expenses, accommodation, shuttle

Payment Deadline: March 13, 2015

- The payment of registration fees is only be done by bank transfer to our university
- The participation fees are payable within 7 days after submission of the registration. Otherwise, the booked places cannot be guaranteed
- Banking fees have to be paid by the remitter

Please transfer the participation fee to the following account:

Bank 1 Saar
Bank Code: 591 900 00
Account number: 97718008
Account holder: University of Saarland
IBAN: DE 94 5919 0000 0097 7180 08
SWIFT / BIC: SABA DE 5 S

Purpose: **Please add as reason for payment**

E-204 1502 11 - Prof. Oertel
Clinical Workshop March 2015
Name of Participant

Cancellation policy

Cancellations must be done in writing form and are subjected to the following conditions

- until Feb 12, 2015: 100 % refund
- from Feb 13, 2015: no refund