



**18**  
Points  
**CME**

Department of  
Neurosurgery

**Clinical Workshop of  
Endoscopic Neurosurgery**

Homburg-Saar, November 3 - 4, 2016



## Clinical Workshop of Endoscopic Neurosurgery

November 3 - 4, 2016 • Homburg-Saar / Germany

# REGISTRATION FORM

*Please return the registration form until October 20, 2016*

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

### *I confirm my binding participation:*

- Workshop November 3 - 4, 2016 ..... 150,00 €  
 Dinner November 3, 2016 ..... (included)

<b>First name</b>	<b>Last name</b>	<b>Academic title</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Department, Institute, University</b>		
<input type="text"/>		
<b>Street</b>		
<input type="text"/>		
<b>ZIP Code, City, Country</b>		
<input type="text"/>		
<b>Phone</b>	<b>Fax</b>	<b>E-Mail</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Date</b>	<b>Legal Signature</b>	
<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

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66421 Homburg-Saar / Germany

Phone: +49 (0) 6841 1624400

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E-Mail: [Gabriele.Singer@uks.eu](mailto:Gabriele.Singer@uks.eu)

### Registration

The registration is possible from our website:

[www.uks.eu/neurosurgery](http://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

- 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 November 2016

Name of Participant

### Cancellation policy

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

- until Oct. 6, 2016: 100 % refund
- from Oct. 7, 2016: no refund