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August 31 - September 1, 2017 • Homburg-Saar / Germany

# REGISTRATION FORM

*Please return the registration form until 5 i [ i gh& th, 2017*

Fax: +49 (0) 6841 16 24016 • Email: [Wtb\[fYgg.bYi fcgi f\[ Yfm@uks.eu](mailto:Wtb[fYgg.bYi fcgi f[ Yfm@uks.eu)

**I confirm my binding participation:**

Workshop	August 31 - September 1, 2017	..... 300,00 €
Dinner	August 31, 2017	..... (included)

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

**Department, Institute, University**

**Street**

**ZIP Code, City, Country**

<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*  
Benedikt Burkhardt, M.D.

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: [congress.neurosurgery@uks.eu](mailto:congress.neurosurgery@uks.eu)

### Registration

The registration is possible via our website:  
[www.uks.eu/neurosurgery](http://www.uks.eu/neurosurgery) or with the enclosed registration form via 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 300.00 €

Includes: Workshop, coffee breaks, dinner, congress bag

Not included: Travel expenses, accommodation, shuttle

### Payment

- The payment of registration fees is only to 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 18  
Workshop August 2017  
Name of Participant

### Cancellation policy

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

- until August 24th, 2017: 100 % refund
- after August 25th, 2017: no refund