



2nd *ca Vi f* ICP and Hydrocephalus Workshop
November 28 - 30, 2017 • Homburg-Saar / Germany

REGISTRATION FORM

Please return the registration form until November 17, 2017+

Fax: +49 (0) 6841 16 24016 • Email: web@fkgg.bfj.fcgi.fkf@uks.eu

I confirm my binding participation:

- Workshop November 28-30, 2017 200,00 €
 Dinner November 28-29, 2017 (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
Sebastian Antes, 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

Registration

The registration is possible via our website:
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 200.00 €

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 08 - Prof. Oertel
ICP and Hydrocephalus Workshop 2017
Name of Participant

Cancellation policy

- Cancellations must be done in writing form and are subjected to the following conditions
- until Nov. 17, 2017: 100 % refund
 - after Nov. 17, 2017: no refund