



Clinical Workshop of Endoscopic Neurosurgery

November 23 - 24, 2017 • Homburg-Saar / Germany

REGISTRATION FORM

Please return the registration form until November 3rd, 2017

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

I confirm my binding participation:

- Workshop November 23 - 24, 2017 150,00 €
- Dinner November 23, 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

Stefan Linsler, M.D.
Sebastian Senger, 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 or 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 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 11 - Prof. Oertel
Clinical Workshop November 2017
Name of Participant

Cancellation policy

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

- until Nov. 3rd, 2017: 100 % refund
- after Nov. 4th, 2017: no refund