



## Clinical Workshop of Endoscopic Neurosurgery

April 26 - 27, 2018 • Homburg-Saar / Germany

# REGISTRATION FORM

*Please return the registration form until March 19, 2018*

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

### I confirm my binding participation:

- Workshop April 26 - 27, 2018 ..... 150,00 €  
 Dinner April 26, 2018 ..... (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.  
Nicole Schmidt

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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 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 March 2018  
Name of Participant

### Cancellation policy

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

- until March 19, 2018: 100 % refund
- after March 19, 2018: no refund