



Workshop cb`bhfUWUb]U J UgW`Uf`HfYUha Ybh
September 12 - 13, 2019 • Homburg-Saar / Germany

REGISTRATION FORM

Please return the registration form until August 22nd, 2019

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

I confirm my binding participation:

Workshop	September 12 - 13, 2019	200,00 €
Dinner	Sepetember 12, 2019	(included)

First name	Last name	Academic title
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Department, Institute, University		
<input style="width: 99%;" type="text"/>		
Street		
<input style="width: 95%;" type="text"/>		
ZIP Code, City, Country		
<input style="width: 99%;" type="text"/>		
Phone	Fax	E-Mail
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Date	Legal Signature	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

General Terms and Conditions

Organization

*Course Director**

Joachim OERTEL, M.D. PhD.
Wolfgang REITH, M.D. PhD.

Local Organization

Gerrit FISCHER, M.D. PhD.
Philipp HENDRIX, M.D. PhD.

Departments of Neurosurgery/Neuroradiology
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66421 Homburg-Saar / Germany

Phone: +49 (0) 6841 16 24418
Fax: +49 (0) 6841 16 24016
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, USB stick

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 17
Workshop September 2019
Name of Participant

Cancellation policy

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

- until Aug. 22nd, 2019: 100 % refund
- after Aug. 22nd, 2019: no refund