# **REGISTRATION FORM**

### Organization

Junction Surgery in Spine Part V

Biomechanics, evaluation and management of pathology

Invitation Letter

**Course Director** 

Professor Dr. Joachim Oertel

**Contact / Organization** 

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E-Mail: Congress.Neurosurgery@uks.eu

Congress Language

English is the official language.

Please do not hesitate to contact us via email if you need an invitation letter to participate in our workshop. We regret that this invitation does not include travel expenses, personal insurance, accommodation or registration fees.

#### **Participation Fee**

#### Includes:

- ▶ Workshop
- ► Coffee breaks
- **▶** Dinner
- ► Congress bag
- ▶ USB stick

The participation fee is **400,- €**.

#### Not included:

- ► Travel expenses
- ► Accommodation
- ► Shuttle

#### **Payment**

Please transfer the participation fee to the following account:

Sparkasse Saarbrücken Bank Code: 590 501 01 Account number: 83600

Account holder: University of Saarland IBAN: DE72 5905 0101 0000 0836 00

SWIFT / BIC: SAKSDE55XXX

Purpose ► Please add as reason for payment:

E - 204 1502 18 SSC May 2024 Name of Participant

### Payment information

- ➤ 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.

#### Cancellation policy

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

▶ until April 21st, 2024: with a deduction of 20,00 € and bank fees

for the transfer

▶ after April 21st, 2024: no refund

Spine
Surgery
Course



## **REGISTRATION FORM**

## **Digital Registration**



Please return the registration form to mail **E-Mail**: congress.neurosurgery@uks.eu

I confirm my binding participation:  Workshop May 23 - 24, 2024 i  Dinner May 23, 2024 i		
Academic title		TIP: You can fill in the gaps, check the boxes and even sign this form with Adobe Acrobat!
First name	Last name	
Department, Institute, University		
Street		
ZIP Code, City, Country		
Phone		
E-Mail		
Date	Legal Signature	