



Clinical Workshop of Endoscopic Neurosurgery
March 21 - 22, 2012 ♦ Homburg-Saar / Germany

ANMELDEFORMULAR / REGISTRATION FORM

Zusendung der Anmeldung bitte bis 2. März 2012
Please return the registration form until March 2, 2012

Fax: +49 (0) 6841 16 24016 or
Email: Gabriele.Singer@uks.eu

Ich melde mich verbindlich zur Teilnahme an:
I confirm my binding participation:

- Workshop March 21 - 22, 2012 70,00 €
- Dinner March 21, 2012 No Tuition Fee

Payment until March 9, 2012

Name / Surname	Vorname / First Name	Titel / Your Title
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Einrichtung, Institut, Klinik / Department, Institute, University		
<input style="width: 95%;" type="text"/>		
Straße / Street		
<input style="width: 95%;" type="text"/>		
Postleitzahl, Ort / ZIP Code, City, Country		
<input style="width: 95%;" type="text"/>		
Telefon / Phone	Fax	E-Mail
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Datum / Date	Unterschrift / Legal Signature	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

Info

Klinik für Neurochirurgie ♦ Universitätsklinikum des Saarlandes ♦ 66421 Homburg-Saar
Department of Neurosurgery ♦ Saarland University Medical Center ♦ 66421 Homburg-Saar / Germany
Tel. / Phone: +49 (0) 6841 16 24400 ♦ Fax: +49 (0) 6841 16 24016 ♦ E-Mail: Gabriele.Singer@uks.eu
<http://www.uks.eu/neurosurgery>

Sparkasse Saarbrücken ♦ Code: 590 501 01 ♦ Account number: 67021477 ♦ Account holder: University of Saarland ♦
Purpose: E-204 1502 02 - Prof. Dr. J. Oertel - Clinical Workshop March 2012 - Name of Participant
IBAN: DE17590501010067021477 ♦ SWIFT: (BIC) SAKSDE55