

REGISTRATION FORM

7th Interdisciplinary Endoscopic Skull Base Surgery Course

March 09 - March 11, 2017

University Hospital Essen

COMPLETE IN BLOCK CAPITALS AND FAX OR EMAIL TO:

email: fortbildung.hno@uk-essen.de / Fax: +49 201 723 5903

Family Name _____

First Name _____

VAT Numer (only for european attendees, when available) _____

Date of birth _____

Place of birth _____

Specialty _____

Zip Code / City / Country _____

Street _____

Email _____

Phone _____

Fax _____

Full course fee: 1200 Euro

Resident course fee: 800 Euro

PLEASE ISSUE THE INVOICE TO (to be filled in case of different address from the one above indicated)

Please transfer the registration **full course fee 1200 €**, **resident course fee 800 €** to the following bank account:

University Hospital

IBAN: DE82360501050004900700

Reference: 106-13970

Place, Date _____

Signature _____

Your registration will be confirmed after payment.

Cancellation policy: Refunding only possible until 30 days prior to the course.

Course Organizers: Department of Otorhinolaryngology, Department of Neurosurgery, University Hospital Essen, Hufelandstr. 55, 45147 Essen, Germany, Phone: +49 201 723 2481, Fax: +49 201 723 5903