REGISTRATION FORM

Organization

Course Director

Professor Dr. Joachim Oertel

Contact / Organization

PD Dr. Sebastian Senger Dr. Magomed Lepshokov

Department of Neurosurgery

Kirrberger Straße, Building 90.5 Saarland University Medical Center 66421 Homburg-Saar / Germany **Phone**: +49 (0) 6841 - 16 24418

E-Mail: Congress.Neurosurgery@uks.eu

Congress Language

English is the official language.

Invitation Letter

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:

Name, Vorname, E204150218, SSC 2025

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, 2025: with a deduction of 20,00 € and bank fees

for the transfer

▶ after April 21st, 2025: 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 21 – 23, 2025 . Dinner May 22, 2025.	400,- € included	
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	