REGISTRATION FORM

Organization

Minimally invasive techniques in lumbar spine surgery, Part VI

Course Director

Professor Dr. Joachim Oertel

Contact / Organization

PD Dr. Sebastian Senger Magomed Lepshokov

Department of Neurosurgery

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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:

E204150218 SSC 2025

Surname, first name of Participant

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

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.





REGISTRATION FORM

Digital Registration

E-Mail

Date

Minimally invasive techniques in lumbar spine surgery, Part VI

Please return the registration form to mail E-Mail: congress.neurosurgery@uks.eu I confirm my binding participation: Workshop May 21 – 23, 2025 400,- € Dinner May 22, 2025 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

Legal Signature