

REGISTRATION

University Medicine Greifswald, Department of Neurosurgery
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Participants limited to 4.

I want to participate in the clinical course on endoscopic and endoscope-assisted neurosurgery on the following dates:

- 25.04. – 26.04.2019
- 09.05. – 10.05.2019
- 17.10. – 18.10.2019

Name

Title

Position

Address

E-Mail

Phone

Fax

Number of participants

Date

Signature

Course fee: 150 Euros (incl. VAT).

Please transfer the participation fee after receipt of the confirmation within 14 days to the following account:

Account holder: Universitätsmedizin Greifswald
Recipient Bank Name: Sparkasse Vorpommern Greifswald
Account No. 23 000 54 54
Bank code number: 150 505 00
Reference: HD 2019 DS17009000 – name of participant
IBAN: DE 46 150 505 000 23 000 54 54
SWIFT: NOLADE21GRW



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