

# REGISTRATION FORM

## Digital Registration

### Course Director

Prof. Dr. Joachim Oertel  
Prof. Dr. Gerrit Fischer

### Contact / Organization

Prof. Dr. Gerrit Fischer  
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**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

The participation fee is **400,- €**.

#### Includes:

- ▶ Workshop
- ▶ Coffee breaks
- ▶ Dinner
- ▶ Congress bag
- ▶ USB stick

#### Not included:

- ▶ Travel expenses
- ▶ Accommodation
- ▶ Shuttle

### Payment

Please transfer the participation fee to the following account:

Sparkasse Saarbrücken  
Account holder: University of Saarland  
IBAN: DE72 5905 0101 0000 0836 00  
SWIFT / BIC: SAKSDE55

**Purpose ▶ Please add as reason for payment:**

E204150225

Surname, first name of Participant  
NMIC 09/2025

### 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 August 17<sup>th</sup>, 2025: with a deduction of 20,00 € and bank fees for the transfer
- ▶ after August 17<sup>th</sup>, 2025: no refund

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*Please return the registration form to mail*

**E-Mail:** congress.neurosurgery@uks.eu

I confirm my binding participation:

Workshop . . . . . September 3<sup>th</sup> – 4<sup>th</sup>, 2025

*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*