

Please **send** back to:

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Please select workshop date:

- 07. - 08.04.2017 (A1)**
 04. - 05.08.2017 (A2)
 03. - 04.11.2017 (A3)

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Registration Form

HIRC - Hannover Interventional Radiology Course: Embolization and Image Guidance for Physicians / Interventional Radiologists

Venue: Hannover Medical School, Institut für Diagnostische und Interventionelle Radiologie,
 Carl-Neuberg-Strasse 1, D-30625 Hannover, Germany

Participant (Please fill in legibly in print letters):

Salutation / Title	First given name	Surname
Institution	Department	
Radiologist <input type="checkbox"/> other (please specify) <input type="checkbox"/> :	Training / Degree (e. g. in-training, practice, ...)	
Address	ZIP code, city	
Phone / FAX	e-mail address	
Siemens contact person / sales representative	Siemens contact person / sales representative's e-mail address	

Housing:

We have reserved hotel rooms at **Mercure Hotel Medical Park****** in walking distance to Hannover Medical School at preferential rates of **€98.12/night** (single room, breakfast included) and **€126.12/night** (double room, breakfast included). The **registration confirmation letter** will contain a **reference number** for the hotel to allow you to **reserve a room for the discounted fee**.

Registration fee:

This registration is binding. A registration fee of **€200** applies. Registration fee includes workshop participation, hands-on training, on-site catering on Friday and Saturday during the workshop and the get-together dinner on Friday evening. In case of cancelation, a cancelation fee of € 20 applies. The registration fee of €200 will be debited from my bank account / credit card as stated:

Please debit the indicated participation fee from **my bank account**:

Bank name	IBAN
BIC	account owner (if different to the participant)

Please debit my **credit card** with the registration fee:

Card type	Credit card number	Valid until:
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The workshop will be sponsored by Merit medical and Siemens Healthcare. I hereby agree that my name and address data will be passed to the sponsors in order to verify the proper use of the sponsoring.

Place, Date

Signature