**Please send or fax to +49 (0)931 / 201-21248**

**Department of Otorhinolaryngology**

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**Conference Registration form (*Application is not submitted electronically)***

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| **Congress secretariat:**  Department of Otorhinolaryngology  University of Würzburg  Caroline Binder  Josef Schneider Str. 11  D-97080 Würzburg, Germany  Phone: +49 (0)931 / 201-21701  Fax: +49 (0)931 / 201-21248  🖳: [binder\_c@ukw.de](mailto:binder_c@klinik.uni-wuerzburg.de)  **www.hno.ukw.de**  **Course fees:**  **Early bird rate until Dec. 31st, 2016:**  300 € Course fee;  add. 220 € per session (180 min.) for temporal bone exercises  **Standard rate from January 1st, 2017:**  350 € Course fee;  add. 250 € per session (180 min.) for temporal bone exercises  **Confirmation letter:**  A confirmation letter will be sent upon receipt of your registration form.  Please inquire if confirmation does not reach you 2 weeks after your sending.  **Bank transfer:**  Please transfer your registration fee to the congress bank account **after receipt of confirmation:**  **Recipient:** Würzburg University Clinic  **IBAN:** DE73 7905 00000044610582  **BIC (Swift Code):** Byladem1SWU;  **Banking institution:**  Sparkasse Mainfranken Würzburg  **Notation for remittance:**  “ENT Department, account 8601467”, and additional your subscriber number  Precondition for participation in the temporal bone exercises is remittance **within two weeks after receiving our confirmation.** A processing fee of € 25 will be retained on all cancellations. Refunds will not be issued for cancella-tions after January 31st, 2017. | **Registration**  **I. Participation**  🗷 in the 29th Course on Microsurgery of the Middle Ear  **II. Individual subscription (please mark with a cross):**  Participation in the temporal bone exercises (one session about  180 min.)  Beginner  Professional  I am interested in a second training session on Wednesday 22nd (in case of available places)  Participation in the social program on Monday, February 20th at  the Staatlicher Hofkeller Würzburg (included in the course fee);  Add. participant(s) (40 €): \_\_\_\_\_\_  **III. Participant**  (Please print your name as you wish it to appear on your badge)  Prof.  Dr.  Mr  Mrs  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Family Name:  First Name:  Affiliation:  Street + number:  Postal code/City:  Country:  Work phone: ( )  Work fax: ( )  Email: @  Dietary requirements:    **Date: Signature: \_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |