



# Orthopaedic Case Days 2019 • Registration Form

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**!! Early registration date is August 10, 2019 !!**

Mail: ARBEITSGRUPPE PFERD • Arno Lindner, Heinrich-Roettgen-Str. 20, D-52428 Juelich, Germany

Last name \_\_\_\_\_ First name \_\_\_\_\_

Institution/clinic: \_\_\_\_\_


Street & number: \_\_\_\_\_

Zip Code: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_ VAT ID for EU: \_\_\_\_\_

E-mail: \_\_\_\_\_

**I want to register for:** (net prices in Euro, please add 19% VAT in Germany for EU citizens without VAT ID and always for German citizens)

Please tick  the appropriate box(es)	No. of persons	Until 10.08.	After 10.08.	Amount (Euro)
All days <sup>1)</sup>	___ x	1,700 <input type="checkbox"/>	1,800 <input type="checkbox"/>	_____
September 21, 22 and 23 only <sup>1)</sup>	___ x	1,300 <input type="checkbox"/>	1,375 <input type="checkbox"/>	_____
September 21 and 22 only <sup>1)</sup>	___ x	850 <input type="checkbox"/>	900 <input type="checkbox"/>	_____
Surprise evening (September 22) <sup>2)</sup>	___ x	90 <input type="checkbox"/>	100 <input type="checkbox"/>	_____

**Total** \_\_\_\_\_

1) Includes coffee breaks and lunches

2) Includes transport, surprise, dinner and drinks

**Course price is reduced by 5 % for FFP members and two or more persons from the same practice/clinic!**

## PAYMENT BY:

► **Credit card:**  Mastercard  Visa  Amex

Card number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Card verification number: \_\_\_\_\_

Card expiration date (MM/YY): \_\_\_\_\_

Signature: \_\_\_\_\_

► **Bank transfer** without charges for the beneficiary to the bank "Sparkasse Dueren"

IBAN DE35 3955 0110 1200 0550 59  
and BIC (swift code) SDUEDE33