

31st Course on Microsurgery of the Middle Ear

February 25th – 27th, 2019

Department for Otorhinolaryngology
Plastic, Aesthetic and Reconstructive Surgery
University of Würzburg
(Director: Prof. Dr. Dr. h. c. R. Hagen)
Josef Schneider Str. 11 · D-97080 Würzburg / Germany



Please send or fax to +49 (0)931 / 201-21248
Department of Otorhinolaryngology
Prof. Dr. Dr. h. c. R. Hagen
Josef Schneider Str. 11
D-97080 Würzburg / Germany

CONFERENCE REGISTRATION FORM (Application is not submitted electronically)

Congress secretariat:

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University of Würzburg
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Fax: +49 (0)931 / 201-21248
✉: binder_c@ukw.de
www.hno.ukw.de

Course fees:

Early bird rate until Dec. 31st, 2018:

300 € Course fee;
add. 220 € per session (180 min.) for
temporal bone exercises

Standard rate from January 1st, 2019:

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 € 50 will
be retained on all cancellations. Refunds
will not be issued for cancellations after
January 31st, 2019.

Storage of contact data for information about other events:

If you give us the consent to inform you
about further events at the University
Dept. of Otorhinolaryngology, Würzburg /
Germany your contact data will be stored
until you revoke your consent (s.u.9.)

- ☐ I agree with the
storage of my
data ☐ I do not agree with
the storage of my
data

Registration

I. Participation

☒ in the 31st 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
☐ Participation in the social program on Monday, February 25th at
the Staatlicher Hofkeller Würzburg (included in the course fee);
Add. participant(s) (50 €): _____

III. Participant (Please print your name as you wish it to appear on your badge)

☐ Prof. ☐ Dr. ☐ Mr ☐ Mrs ☐ Other: _____

Family Name:

First Name:

Hospital /

Medical office:

and/or

Private address:

Street + number:

Postal code/City:

Country:

Work phone: ()

Work fax: ()

Email: _____ @

Dietary requirements:

I consent to the processing of the above data in the context of this
event. I can revoke this consent at any time for the future towards the
organizers. The revocation has no retroactive effect. The data
processing until revocation remains legal. I have taken note of the
instructions for handling my data by the course organizers.

Date: _____ **Signature:** _____