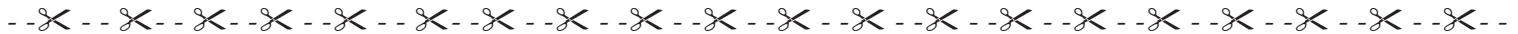


11TH INTERNATIONAL WRIST SYMPOSIUM

3 – 4 April 2017

Registration

ORGANIZER	Department of Trauma Surgery and Sports Medicine Department for Anatomy, Histology and Embryology
COURSE VENUE	Department for Gynecology, Anichstraße 35
SCIENTIFIC CHAIRMEN	Rohit ARORA, MD Markus GABL, MD
ORGANISATION	Rohit ARORA, MD Markus GABL, MD
REGISTRATION	Department for Trauma Surgery and Sports Medicine Course Office T.: +43 / (0)681 / 8130 2429 F.: +43 / (0)512 / 504 - 25731 E-Mail: lki.un.event@tirol-kliniken.at www.unfallchirurgie-innsbruck.at



PARTICIPATION FEE:	€ 250,00	Symposium
	€ 125,00	1 day only
		<i>Excluded: Bank Service Charges</i>
		<i>Included: Catering and Evening Venue</i>

* R E G I S T R A T I O N *

Hereby I register for the 11TH **WRIST SYMPOSIUM:**

Name: _____

Billing Address: _____

T.: _____ F.: _____

E-Mail: _____

Date: _____ Signature: _____

Your definitely spot is secured after received confirmation of our course office and following settlement of account!
In case of cancellation - according to the statutes of the organizing society - we'll provide a credit note, but we don't refund the received payment!