**Registration**

**Schulthess Fortbildungskurs Handchirurgie:**

**Arthrose des Daumens/Osteoarthritis of the thumb**

Schulthess Clinic, Zurich, Switzerland, 3 November 2017

Please use one form for each participant and fill it in in block letters!

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| **Participant** | | |
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| Family name | First name | Title |
| **Invoice address** | | |
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| Institution |  | |
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| Department |  |  |
|  |  |  |
| Street | Post code, City | Country |
|  |  |  |
| Phone | Fax | E-mail |

1. CONGRESS PARTICIPATION

a) Area of expertise:  general medicine  intensive care/emergency medical aid (focus)  orthopaedic and trauma surgery  orthopaedics  physical and rehabilitative medicine  plastic and aesthetic surgery  sports medicine  traumatology (focus)  other

b) Specialist fields:  arthroscopy  cartilage  endoprosthetics  foot/ankle joint  hand  hip/thigh  knee joint  shoulder/elbow  spine/pelvis  none

c) Field of Activity:  administration (clinic/practice)  clinic (medical department)  clinic (research/development)  practice (employed)  practice (self-employed)

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| **Congress ticket** | 250,00 € / 287,50 CHF |
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2. PAYMENT

Cash in CHF

Cash in €

by credit card (VISA, Master Card, Diners Club, JCB and Union Pay) in €

by bank card (Girocard, VPay and Maestro) in €

I hereby authorise Intercongress GmbH to charge the amount shown on the invoice by debit or credit card. Please note our information regarding data protection. Place of performance and jurisdiction is Freiburg. The General Terms and Conditions apply.

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Date Signature (in case the form is filled in by hand)