

## Registration Arthroscopy course

Name: .....

Address: .....

Postal code: ..... City: .....

Country: ..... Phone number: .....

Practice/clinic: .....

Dietary requirements: .....

### Please indicate your choice of course and the appropriate course fee

*The prices listed are excluding tax (VAT)*

- Equine basic arthroscopy
  - ☐ Regular (€ 1700,-) ☐
  - ☐ Concessionary (€ 1450,-)\* ☐
- Equine advanced arthroscopy
  - ☐ Regular (€ 1700,-) ☐
  - ☐ Concessionary (€ 1450,-)\* ☐
- Combi-ticket for both courses
  - ☐ Regular (€ 3000,-) ☐
  - ☐ Concessionary (€ 2600,-)\* ☐

*\* When electing the concessionary rate, proof of residency is required with registration*

### Payment details (bank transfer only):

- ☐ Bank: Norddeutsche Landesbank
- ☐ IBAN DE85 2505 0000 0106 0314 95
- ☐ BIC NOLADE2HXXX

For identification of your payment please include the following reference number:

- ☐ **625 12 028**

Signature: .....

*Please send the completed and signed form to:*

**[arthroscopy@tiho-hannover.de](mailto:arthroscopy@tiho-hannover.de)**

*or via fax (please provide your e-mail address)*

**+49 511 953 6510**

*The registration is complete as soon as the payment has been processed.*

*You will receive an invoice as confirmation of your booking.*