

H O T S P O T K N E E

HAMBURG, APRIL 21-22, 2006

Registration Form

Please return this form to: Arthrex GmbH – Helena Heinze – Liebigstraße 13 – 85757 Karlsfeld/ Germany
Phone: +49 (8131) 5957- 544 – Fax: +49 (8131) 5957- 565 – E-mail: helena.heinze@arthrex.de

Registration will only be processed if accompanied by total payment.

General Information

Ms Mr. Dr. Prof.

Family Name: _____ First Name: _____

Hospital / Institution: _____

Address: _____

City: _____ ZIP Code: _____ Country: _____

Telephone: _____ Fax: _____

E-mail: _____

Registration Fee and Payment

2 Day Ticket 280 EUR 1 Day Ticket 200 EUR (Friday, April 21 Saturday, April 22, 2006)

Additional Person at Evening Event in the East Restaurant 95 EUR

Name of accompanying Person: _____

Payment should be made in Euro (€) by Bank Transfer with your registration and at latest until **February 28, 2006**.
Late registrations can not be guaranteed.

Please transfer the payment to Arthrex Med. Instrumente GmbH.

Bank Details:

Deutsche Bank, Munich

National Bank Code: 700 700 10, Account No.: 18 81 84 600

SWIFT CODE: DEUTDEMM, IBAN: DE25700700100188184600

The payment transfer should clearly state the name(s) of the delegate(s) and the name of the congress.
Receipt will follow after payment.

Cancellations will be accepted until February 28, 2006 with no charge. Late cancellations will be accepted with a refund of all prepaid fees except for a 50 % administration charge.

Hotel Reservation:

Please get in touch with the hotels directly (detailed information, see preliminary program). Password: Hotspot

Date: _____ Signature: _____

