Zurich Course on Diagnostic and Interventional Neuroradiology

August 31 – September 5, 2015

University Hospital of Zurich

Switzerland

REGISTRATION FORM

(Deadline: 25 July 2015)

Family Name ……..…………………………………..

First Name ……......……………………………………..….Title…………………………..

Institute/Department ………………………………………………………………………..

Address ……………..…………………………………………………………….................

………...……………………………………………………………………………………..

City ………………………………………Postal Code ……………………….……….

Country ………………...……………………………………………………………..

Fax……………………………………… Tel : ……...…………………………………

E-Mail ……………………………………………………………………………....

FEE: ❑ **Physician** ❑ **Radiology Technician & Nurse**	**Physicians**	**Radiology Technicians & Nurses**
A ❑ **I will attend BOTH Courses**	**CHF 990.—**	**CHF 600.—**
B ❑ **I will attend only the Diagnostic Course**	**CHF 600.—**	**CHF 350.—**
C ❑ **I will attend only the Interventional Course**	**CHF 750.—**	**CHF 420.—**

Payment of the registration fee: Checks and Credit Cards are not accepted.
Only bank transfer orders in Swiss Francs addressed as follows:

Bank:	Lienhardt & Partner Privatbank Zurich
Bank address:	Postfach, Rämistrasse 23, CH - 8024 Zurich, Switzerland
Bank account number:	16 0.981.400.00
Bank account entitled:	Forschung Neuroradiologie
Swift address:	RBABCH 22830
IBAN address:	CH64 0683 0016 0981 4000 0

Add a copy of your bank transfer order to this registration form and send it to the Department of Neuroradiology, University Hospital of Zurich, Frauenklinikstrasse 10, CH–8091 Zurich, Switzerland, E-Mail: neuroradiologie@usz.ch, Fax: ++41 (0)44 255 45 04.

Registration will be considered and confirmed only if received with the copy of the bank transfer order.

Date:………………………………Signature:………...………………