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## 16th Course in Shoulder Surgery September 30 & October 1, 2010

- I HEREWITH SIGN UP FOR ABOVE COURSE**  
Registration is final with payment of course fee of CHF 1200 or credit card details
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Mr. / Ms / Title: .....

First/ last name: .....

Hospital / practice: .....

Work address: .....

Zip-Code / country: .....

Telephone nbr: .....

E-mail address: .....

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- Please send me a payment slip (for Switzerland) or bank details (anywhere)
- Please charge the fee of CHF 1200 to my credit card (will be charged mid-September)
- VISA       MasterCard       American Express
- Card number .....
- Valid until..... Security code\*.....
- Name on card .....
- Date / signature .....
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**WORKSHOPS:**       I perform      **0 – 20**      arthroscopic surgeries per year  
(Please let us know    I perform      **20 – 100**      arthroscopic surgeries per year  
your skill level)     I perform      **over 100**      arthroscopic surgeries per year

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### **EVENING PROGRAM:**

- I would like to attend the **dinner** on **September 30, 2010** (included in course fee)
- I will **not** attend the dinner (no reimbursement)
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