

## REGISTRATION FORM

To register please email (scan) the form below back to us (please see contact details below).

**HURRY** - Registrations should get in by Monday, February 1st, 2016

### Registration Form

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Institute: \_\_\_\_\_  
Department: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Country: \_\_\_\_\_  
Zip Code/Post Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Course Fee:** €350 per person incl. VAT    **Meals:** No Preference     Vegetarian

Lunch, coffee breaks and course material will be provided. Fees do not include travel and accommodation.

### Payment:

**Wire Transfer**    **Bank Transfer:**

Please transfer funds to the following account:

**Bank name:** Deutsche Bank Singen  
**Account name:** Compumedics Germany GmbH  
**Account number:** 0 700 286 00  
**Bank Code:** 692 700 24  
**SWIFT/BIC:** DEUT DE DB 692  
**IBAN:** DE02 6927 0024 0070 0286 00

All payments must be made free of any bank charges before the beginning of the course.

**Credit card payment cannot be accepted.**

Email the form to:  
ingridmerten@compumedics.com

**Ingrid Merten**  
Tel : +49 40 40 18 99 47  
Fax : +49 40 40 18 99 49