



UNIVERSITÄTSKLINIKUM
Schleswig-Holstein



Name of the Course _____

Date _____ Language DE ENG

Fee _____

Mrs. Mr.

Title _____

Full name _____

Street/Number _____ C/o _____

Postal Code/City _____ Country _____

Phone _____ Email _____

Fax _____

I accept that photos from the Kiel School training courses will be published on the Kiel School website. Yes No

The KIEL SCHOOL reserves the right to cancel courses for compelling reasons. In these cases the course fees will be reimbursed. Further claims cannot be made.

After confirmation of course availability, please transfer the registration fee to the following account:

Account holder: Universitätsklinikum Schleswig-Holstein

Bank: Deutsche Bank Lübeck AG

Reference: FinSchl. 370 895 with full name of course

SWIFT/BIC: DEUTDEHH222

IBAN: DE 302 307 071 008 720 815 00

Registrations are accepted in the order in which they are received and are only final after the fee has been paid.

Cancellation procedure: Cancellation free of charge is possible up to 21 days before the course begins. Cancellations received up to 14 days before the course are subject to a 50% cancellation fee. The total registration fee is forfeited if the cancellation is received less than 14 days before the start of the course.

Registration via fax:

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Klinik für Gynäkologie und Geburtshilfe
Kiel School of Gynaecological Endoscopy
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