Medizinische Hochschule Hannover

Please **send** back to:

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Please select workshop date:

❒ **09. - 10.02.2018** **(A1-18)**
❒ **04. - 05.05.2018** **(A3-18)**
❒ **09. - 10.11.2018** **(A5-18)**

Online Registration

Registration Form
HIRC - Hannover Interventional Radiology Course:
Embolization and Image Guidance for Physicians / Interventional Radiologists

Venue: Hannover Medical School, Institut für Diagnostische und Interventionelle Radiologie, Carl-Neuberg-Strasse 1, D-30625 Hannover, Germany

Participant (Please fill in legibly in print letters):

Salutation / Title	First given name	Surname

Institution	Department
Profession: ❒ Radiologist ❒ other (please specify):	Training / Degree (e. g. in-training, practice, …)
Address	ZIP code, city
Phone / FAX	e-mail address

General **Food requirements** (on site catering, Dinner Event)
❒ None ❒ Vegetarian | ❒ Allergies/spec. Requirements:

Participation in the **get-together Dinner** (Friday evening, **7:00pm**)
❒ Yes I will join ❒ No, I will not join

Transfer from the Hotel to the Dinner Restaurant at **6:40pm** and back
❒ Yes, I will join ❒ No, I get there on my own

Special Food requirements for the **Dinner:**
❒ Regular Menu ❒ Meat only ❒ Fish only ❒ Vegetarian Menu ❒ others:

Housing:
We have reserved hotel rooms at **Mercure Hotel Medical Park****** in walking distance to Hannover Medical School at preferential rates of **€ 98.12**/night (single room, breakfast included) and **€ 126.12**/night (double room, breakfast included). The **registration confirmation letter** will contain a **reference number** for the hotel to allow you to **reserve a room for the discounted fee**.

Registration fee:
This registration is binding. A registration fee of **€ 200** applies. Registration fee includes workshop participation, hands-on training, on-site catering on Friday and Saturday during the workshop and the get-together dinner incl. Transfer on Friday evening. In case of cancelation, a cancelation fee of € 20 applies. The registration fee of € 200 will be debited from my bank account / credit card as stated:

❒ Please debit the indicated participation fee from **my bank account**:

Bank name	IBAN
BIC	account owner (if different to the participant)

❒ Please debit my **credit card** with the registration fee:

Card type	Credit card number	Valid until:

The workshop will be sponsored by Merit medical, Siemens Healthcare and Medtron AG. I hereby agree that my name and address data will be passed to the sponsors in order to verify the proper use of the sponsoring. Mit Ihrer Anmeldung bestätigen Sie unsere allgemeine Datenschutzerklärung sowie die „Datenschutzerklärung für Kongressanmeldungen“ gelesen und akzeptiert zu haben.

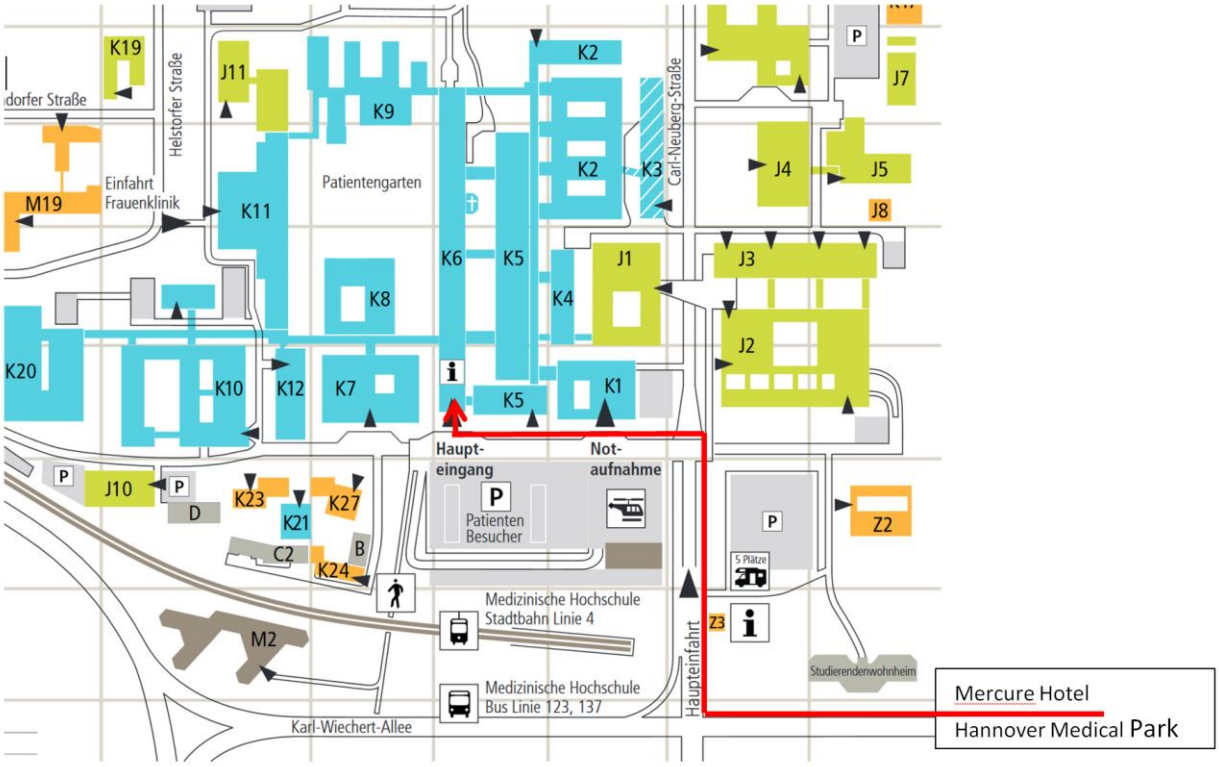
Place, Date

Signature

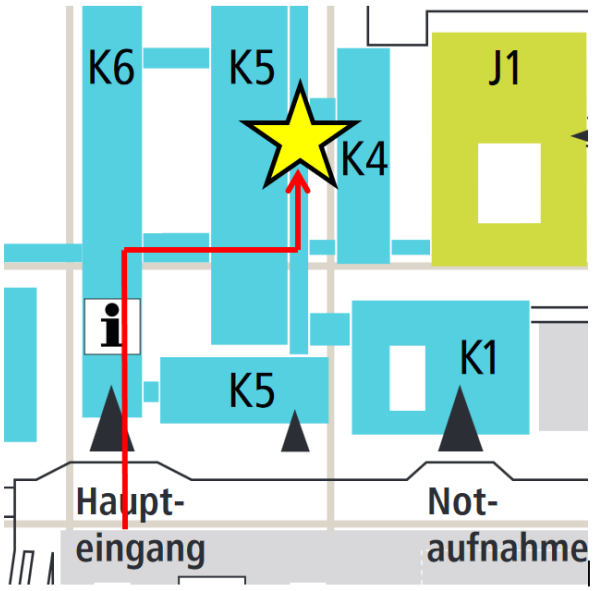
How do I get to the Department of Radiology?

Outside the building:

We meet on both days, Friday and Saturday at **8:55** at the **reception desk of the department of Radiology** (“Roentgen Anmeldung”):
Enter the main builing (**building K6**) of Hannover Medical School at the main entrance (**“Haupteingang”**):



Inside the main building K6:



- Pass the “Degussa bank” to your left and the “information desk” to your right. Walk straight ahead for 50m.
- Once you see several elevators at **“Knoten A”,** turn to the right, pass the secretariat of Radiology to your left.
- Once you get to the main corridor of **building K5**, t urn to the left and pass the **post-treatment care area of angiography** (“Angiographie Nachsorge”) to your left.
- After 50m, you see the **reception desk of the department of Radiology** (“Roentgen Anmeldung”, yellow Asterisk) to your left where we meet.