



## Registration



### *Equine Arthroscopy & Tenoscopy Courses*

Name: .....

Address: .....

Postal code: ..... City: .....

Country: ..... Phone number: .....

Practice/clinic: .....

E-Mail address: .....

Dietary requirements: .....

#### **Please indicate your choice of course(s) and the appropriate course fee**

*The prices listed are excluding tax (VAT)*

- Basic equine arthroscopy & tenoscopy course
  - Regular (€ 2000,-) ☐
  - Concessionary (€ 1850,-)\* ☐
- Advanced equine arthroscopy & tenoscopy course
  - Regular (€ 2000,-) ☐
  - Concessionary (€ 1850,-)\* ☐

*\* When electing the concessionary rate, proof of residency is required with registration*

Signature: .....

#### **Payment details (bank transfer only):**

- Bank: Norddeutsche Landesbank
- IBAN: DE85 2505 0000 0106 0314 95
- BIC: NOLADE2HXXX

For identification of your payment please include the following reference number: **625 12 038**

*Please send the completed and signed form to:  
[arthroscopy@tiho-hannover.de](mailto:arthroscopy@tiho-hannover.de)  
or via fax: +49 511 953 6510*

*The registration is complete as soon as the payment has been processed.  
You will receive an invoice as confirmation of your booking.*

*Clinic for Horses, University of Veterinary Medicine Hannover  
Bünteweg 9, 30559 Hannover, Germany*