



<b>Registration</b>		<b>Fax+49 69 560 436 60</b>	
I wish to participate in the Private Course on			
<input type="checkbox"/> 3 - 4 Feb 2006 <input type="checkbox"/> 3 - 4 March 2006 <input type="checkbox"/> 16 - 17 June 2006			
Registration fee EUR 1.725,- net including coffee breaks and lunch etc. Prices exclude German VAT.			
I will pay the congress registration fee			
<input type="checkbox"/> by a crossed cheque <input type="checkbox"/> by credit card <input type="checkbox"/> VISA <input type="checkbox"/> AmEx <input type="checkbox"/> Mastercard			
Card no.:		Email:	
Exp. date:		I accept the General Terms and Conditions.	
Signature:		Date, signature:	
Please complete this form and send it back to fax:+49 69 5 6043660			

<b>General Terms and Conditions</b>
<p>Your booking will be confirmed by Rawex Consulting GmbH upon receipt of the registration fee. All registrations should be received by 3 weeks before each individual course. After this date, on-site only registrations on the first day of the meeting will be possible.</p> <p>In case of cancellation, if advised before the date of registration fees will be refunded in full but an administration charge of €200,- net, German VAT per person will be deducted. In case of cancellation after this date there will be no refund at all. Mutual agreements are not binding, unless confirmed in writing.</p> <p>The programme has been confirmed by the scientific chairman but may be subject to change. The organisers reserve the right to cancel the conference four weeks before the conference date in circumstances beyond their control.</p> <p><b>Organiser:</b>          Rawex Consulting GmbH          Bockenheimer Landstraße 92          60333 Frankfurt a.M., Germany.          Tel: +49 69 7482426          Dr. Oram Huskel</p>

**Registration Form send by fax to +49 (0) 69- 560 43 660**

Name: \_\_\_\_\_

Titel: \_\_\_\_\_ Clinic: \_\_\_\_\_

Adress: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Country: \_\_\_\_\_

Course Date : \_\_\_\_\_ E-Mail: \_\_\_\_\_

I accept the General Terms and Conditions and wish to be registered.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Card:  VISA  AmEx  Mastercard  
 Card no: \_\_\_\_\_  
 Expiry date \_\_\_\_/\_\_\_\_ Code: \_\_\_\_\_