

Registration Form

IBUS - International Breast Ultrasound Course
April 27th – 30th, 2009
Muenster, Germany

Reference-Centre for Mammography at the University Hospital Muenster
Albert-Schweitzer-Str. 33
48149 Muenster
Phone: +49 (0)251 83 45650

Please return this registration signed by fax or mail
to the following address:
e-mail: info@referenzzentrum-ms.de Fax: +49 (0) 251 83 45660

Please choose:

- Entire course** 4 days, April 27-30, 2009 950,00 € (VAT incl.)
- Introductory level** 2 days, April 27-28, 2009 500,00 € (VAT incl.)
- Advanced level** 2 days, April 29-30, 2009 550,00 € (VAT incl.)

The course registration fee includes comprehensive course materials, CME certificates, refreshments, lunches and two evening banquets.

Title: _____

Name, First Name: Mr Mrs _____

Date and Place of Birth: _____

Profession: _____

Address of Residence: _____

Country: _____

Phone: _____

Fax: _____

e-mail: _____

Hotel room required: Single Double No hotel room needed

Accompaniment: One Person

Please sign here: _____

– Important – Deadline for Registration April 1st, 2009 –