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REGISTRATION FORM

**Joint Biomechanics Course**

Basic Biomechanics and Experimental Methods
for Joint Research

**27th-29th of November, 2019, Ulm, Germany**

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| --- | --- |
| Salutation Mr. ⬜ | Mrs. ⬜ |
| Surname |  | First name |  | Title |  |
| Department |  |
| Institution |  |
| Street |  |
| ZIP, City |  |
| Country |  |
| Phone |  |
| Fax |  |
| E-mail (mandatory) |  |

Please send by email or fax your registration form to:

Institute of Orthopaedic Research and Biomechanics

University of Ulm

Helmholtzstr. 14

89081 Ulm, Germany

Phone +49-731-500-55301

Fax +49-731-500-55302

E-mail: med.biomechanik@uni-ulm.de

The course fee amounts to € 600 including workshop script, lunches and dinners (no accommodation). Payment information will be sent upon registration.

**Sending this form is a binding registration agreement.**

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| --- | --- | --- |
|  |  |  |
| Date |  | Signature |