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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 |