

Please **send** back to:

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Please select workshop date:

- 08. – 09.03.2019** English  
 **17. – 18.05.2019** Deutsch  
 **25. – 26.10.2019** English

*Online Registration*

**Registration Form**

**HIRC - Hannover Interventional Radiology Course:  
 Embolization and Image Guidance for Physicians / Interventional Radiologists**

**Venue:** Hannover Medical School, Institut für Diagnostische und Interventionelle Radiologie,  
 Carl-Neuberg-Strasse 1, D-30625 Hannover, Germany

**Participant** (Please fill in legibly in print letters):

Salutation / Title	First given name	Surname
Institution		Department
Profession: <input type="checkbox"/> Radiologist <input type="checkbox"/> other (please specify):		Training / Degree (e. g. in-training, practice, ...)
Address		ZIP code, city
Phone / FAX		e-mail address

General <b>Food requirements</b> (on site catering, Dinner Event)	
<input type="checkbox"/> None <input type="checkbox"/> Vegetarian <input type="checkbox"/> Allergies/spec. Requirements:	
Participation in the <b>get-together Dinner</b> (Friday evening, 7:00pm)	<b>Transfer</b> from the Hotel to the Dinner Restaurant at 6:40pm and back
<input type="checkbox"/> Yes I will join <input type="checkbox"/> No, I will not join	<input type="checkbox"/> Yes, I will join <input type="checkbox"/> No, I get there on my own
Special Food requirements for the <b>Dinner</b> :	
<input type="checkbox"/> Regular Menu <input type="checkbox"/> Meat only <input type="checkbox"/> Fish only <input type="checkbox"/> Vegetarian Menu <input type="checkbox"/> others:	

**Housing:**

I would like to book a hotel room at **Mercure Hotel Medical Park\*\*\*\*** in walking distance to Hannover Medical School.  
 Please book and inform me about the available preferential room rates. I can cancel this reservation into 3 weekdays after confirmation

Hotel Room	Day of arrival	Day of departure
<input type="checkbox"/> Single Room <input type="checkbox"/> Double Room		

**Registration fee:**

This registration is binding. A registration fee of **€ 200** applies. Registration fee includes workshop participation, hands-on training, on-site catering on Friday and Saturday during the workshop and the get-together dinner incl. Transfer on Friday evening. In case of cancelation, a cancelation fee of € 20 applies. The registration fee of € 200 will be debited from my bank account / credit card as stated:

Please debit the indicated participation fee from **my bank account**:

Bank name	IBAN
BIC	account owner (if different to the participant)

Please debit my **credit card** with the registration fee:

Card type	Credit card number	Valid until:
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The workshop will be sponsored by Merit medical, Siemens Healthcare and Medtron AG. I hereby agree that my name and address data will be passed to the sponsors in order to verify the proper use of the sponsoring.

Place, Date

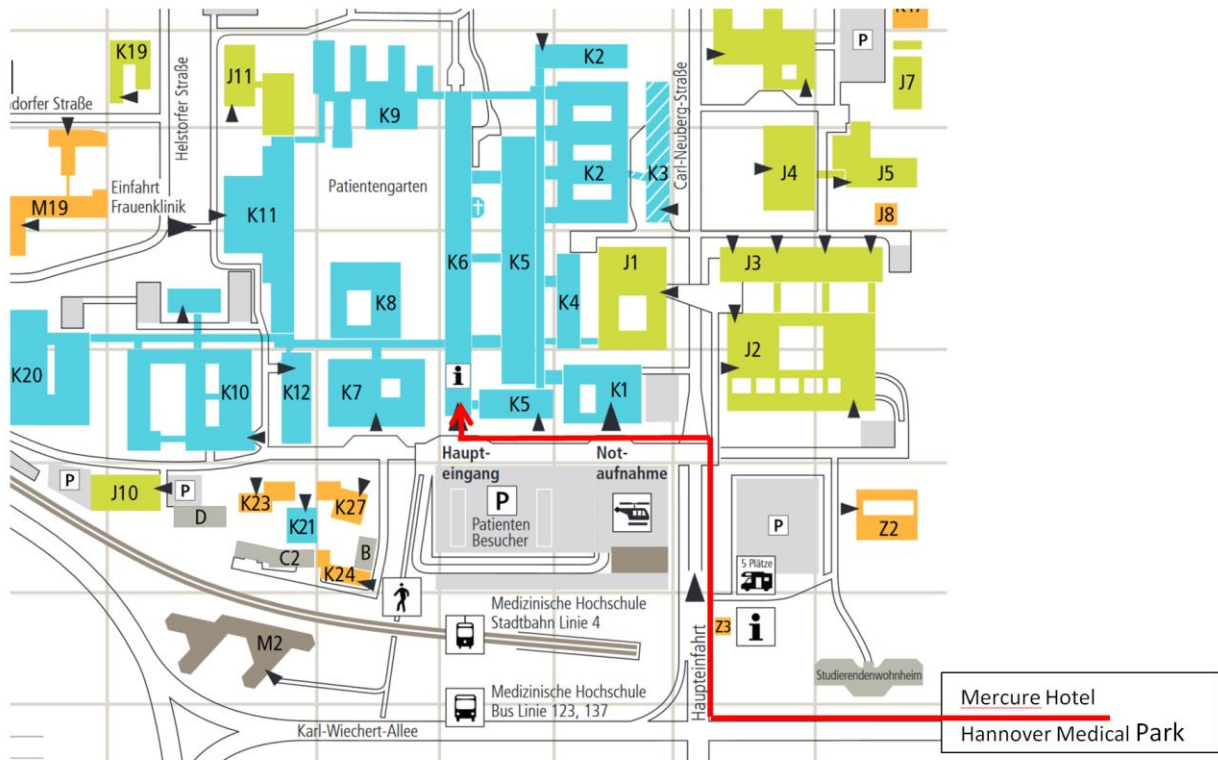
Signature

## How do I get to the Department of Radiology?

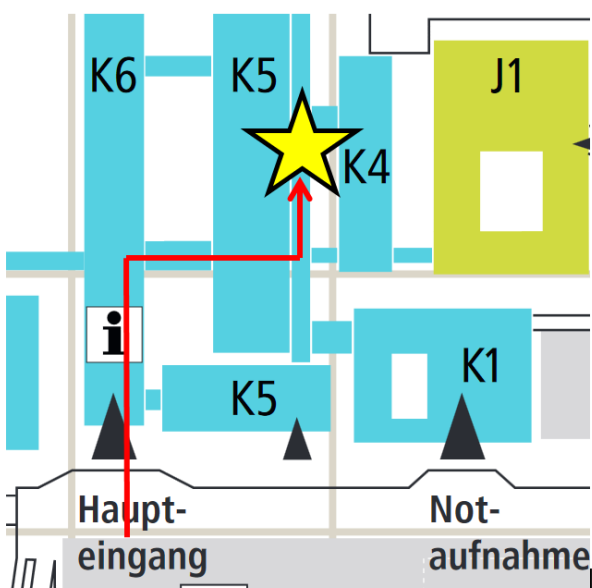
### Outside the building:

We meet on both days, Friday and Saturday at **8:55** at the **reception desk of the department of Radiology** (“Roentgen Anmeldung”):

Enter the main building (**building K6**) of Hannover Medical School at the main entrance (“**Haupteingang**”):



### Inside the main building K6:



- Pass the “Degussa bank” to your left and the “information desk” to your right. Walk straight ahead for 50m.
- Once you see several elevators at “**Knoten A**”, turn to the right, pass the secretariat of Radiology to your left.
- Once you get to the main corridor of **building K5**, turn to the left and pass the **post-treatment care area of angiography** (“Angiographie Nachsorge”) to your left.
- After 50m, you see the **reception desk of the department of Radiology** (“Roentgen Anmeldung”, yellow Asterisk) to your left where we meet.