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REGISTRATION FOR  
**5<sup>th</sup> WRIST SYMPOSIUM**  
**Distal Radius**

**15. – 17. February 2010**  
**Innsbruck, AUSTRIA**

**Please return by FAX to::**

Universitätsklinik für Unfallchirurgie Innsbruck  
zH Claudia Gebhart  
Anichstraße 35, A-6020 Innsbruck  
Tel.: +43/512/504-22843; Fax: +43/512/504-22864  
E-Mail: [claudia.gebhart@uki.at](mailto:claudia.gebhart@uki.at)

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

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

Code: \_\_\_\_\_

City: \_\_\_\_\_

Tel.: \_\_\_\_\_

Fax.: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

**Fee: €700,-- EURO**

*Included: Free entry to scientific program, Coffee Break, Lunch, Evening Venue*

**PAYMENT TO:**

**Free of Charge:**

Verein Handchirurgie Innsbruck  
Bank  
Bank Code  
Account  
IBAN Code  
BIC

Volksbank Tirol  
42390  
20004702  
AT66 4239 0000 2000 4702  
VBOEATWWINN

**Your definitely spot is secured after occurred payment of the participation fee!**

My participation fee is incurred by following sponsor: \_\_\_\_\_