Equine Arthroscopy Course for Residents

by September 30, 30%

November 4-5, 2016 | Utrecht | NL

of 800,00 Euro (including VAT)*.

Registration*	via	fax	or	e-mail	by	Se	ptem	ber	30,	20	16

Arthrex Nederland B.V. please contact Mrs. Marielle Goris: Marielle.Goris@arthrex.nl tel +31 88 71 29 800 fax +31 88 71 29 899

DATE

TITLE	
FIRST NAME	
LAST NAME	
HOSPITAL	
STREET	
POSTAL CODE	
PHONE	MOBILE
E-MAIL	

I would like to register for the Equine Arthroscopy Course for Residents on November 4-5, 2016. I am aware that this registration is binding. I will transfer the participation fee in the amount

SIGNATURE



^{*} You may cancel your registration without reason up to 14 calendar days prior to the start of the event. We must receive your notice of cancellation. Your notice of cancellation is to be submitted in writing or in text form. In the event you cancel your registration, you will be reimbursed for the full amount of the participation fee. If you withdraw from the course at a later date, a flat rate of 10 % of the total amount shall be retained or shall be due for payment, at a minimum, however, of 50,00 Euro of the participation fee. If you do not attend the course or only attend part of the course, we reserve the right to retain 100 % of the participation fee or to send you an invoice for the outstanding payment due.