

### **REGISTRATION FORM**



## 16th International Advanced Wrist Symposium

7 – 8 April 2025 in Innsbruck, Austria

ORGANIZER: Medical University Innsbruck, Dept. of Orthopaedics and Traumatology, Austria COURSE VENUE: Univ. Hospital Innsbruck, Anichstr. 35, Lecture Hall "Großer Hörsaal Chirurgie" SCIENTIFIC CHAIRMAN: Rohit ARORA, MD



#### Hereby I register:

Title:	ÖAK Ärztenummer (if Austrian):
First Name:*	Last Name:*
Billing Address (if company - UID-number is required):*	
Tel.:	E-Mail:*
Packages:*  Excluded: Bank service charges	
* required fields	

Your definitely spot is secured after received confirmation of our course office and following settlement of account.

#### WAIVER OF LIABILITY





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\*In consideration of this, the undersigned for himself, his personal representatives, heirs and next of kin, releases hereby the chairman as well as the University Department of Orthopaedics and Traumatology Innsbruck; its directors, officers, employees, representatives or any natural or legal person related to or in connection with the University Department of Orthopaedics and Traumatology Innsbruck of any and all liability to the undersigned, his personal representatives, heirs and next of kin, for any injury, disease or any other loss or damage that may occur during or after the educational course or causes directly or indirectly ba the attendance and participation of the undersigned in the specified educational course.

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\*With this consent, I agree to the collection and processing of my personal data by the University Department of Orthopaedics and Traumatology Innsbruck.

Yes, I would like to receive further information about events organized by the University Department of Orthopaedics and Traumatology Innsbruck via email.

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