

Please write properly and in printed letters. Thank you!

Mrs. /  Mr.

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Title, Last Name, First Name

E – Mail Address

Private Address (required):

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Street and House Number

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ZIP - Code

City

Phone Number

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Hospital, Department and Function

I hereby sign up for the following course(s) of the modular training concept:

**"Treatment of the eloquent brain tumor"**

**Module 1: TMS - transcranial magnet stimulation (Fee: 250,00€) – Time: 07:30 a.m. – 02:00 p.m.**

17<sup>th</sup> June 2022

9<sup>th</sup> September 2022

11<sup>th</sup> November 2022

**Module 2: Tractography (Fee: 250,00€) – Time: 02:00 p.m. – 07:00 p.m.**

17<sup>th</sup> June 2022

9<sup>th</sup> September 2022

11<sup>th</sup> November 2022

**Module 3: Surgery of the eloquent brain tumor (Fee: 750,00€) – Time: 07:30 a.m. – 5:00 p.m.**

18<sup>th</sup> June 2022

10<sup>th</sup> September 2022

12<sup>th</sup> November 2022

After this registration you are, as far as places are available, registered. You will receive an e-mail as a confirmation of registration. 4 Weeks before course start you will receive an invoice with a payment term of 14 days.

**Invoice Receiver:**

private

Hospital or employer; please enclose cost transfer with the correct billing address!

If at the time of invoicing there is no corresponding assumption of costs, we reserve the right to put the bill in private.

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**Cancellation and Sign Off:**

Cancellation is possible free of charge up to 4 weeks before the start of the course. If canceled between 4 weeks and 3 days before the start of the course, we will charge a cancellation fee of 50% of the price. In case of cancellation within three days before the course and in case of non-participation without prior cancellation, the participation fee will be due in full. Of course, the calculation of the cancellation fee does not take place if you name a substitute participant.

Current date and Signature of the participant: \_\_\_\_\_

**Please send this registration form by fax or by mail to:**

Host:  
Charité - Universitätsmedizin Berlin  
Berliner Simulations- und Trainingszentrum (BeST)  
Charitéplatz 1  
10117 Berlin

Contact Person: Christine Thol  
Phone Number: +49 (0) 30 450 531 229  
Fax: +49 (0) 30 450 7 531 229  
E-Mail: [berliner-simulationstraining@charite.de](mailto:berliner-simulationstraining@charite.de)