

Registration

**I herewith sign up for the 9th Spine Academy Meeting,
Wednesday, June 21st – Friday, June 23rd**

Title _____

First Name _____

Last Name _____

Hospital _____

Department _____

Address _____

City _____

Country _____

E-mail _____

Phone _____

I will participate on:

| | | |
|---|-----------|---------------|
| Wednesday, June 21 st , 2023 | Symposium | Evening event |
| Thursday, June 22 nd , 2023 | Symposium | Evening event |
| Friday, June 23 rd , 2023 | Symposium | |

Registration deadline: May 12th, 2023

Please download this registration form, fill the form and send it back to academy@ulrichmedical.com

The final registration depends on the availability of free seats.

Please note the following cancellation terms:

Cancellation prior 30 days before the event: Cancellation free of charge
Cancellation 8-29 days before the event: 50% of the registration fee
Cancellation 1-7 days before the event: 80% of the registration fee
Cancellation at first day of Meeting: 100% of the registration fee