



# APPLICATION FORM

for the  
„European Trauma Course“ (ETC)  
28.-30.09.2018 in Cologne

<b>Name</b>	
<b>Surname</b>	
<b>Title</b>	
<b>Date of birth (TT.MM.JJ)</b>	
<b>Institution</b>	
<b>Department</b>	
<b>Street</b>	
<b>Town / ZIP-Code</b>	
<b>Adress</b>	<input type="radio"/> Private <input type="radio"/> Department
<b>Mobile</b>	
<b>E-Mail</b>	
<b>I need a separate invoice</b>	<input type="radio"/> yes (personal adress) <input type="radio"/> yes (department adress) <input type="radio"/> no
<b>Meals</b>	<input type="radio"/> vegetarian <input type="radio"/> halal <input type="radio"/> vegan <input type="radio"/> no limitation

Please transfer the course fee (€ 999,-) to the following bank account:

**Universitaetsklinikum Koeln**  
**Bank für Sozialwirtschaft**  
**Account Number: 8 150 000**  
**BLZ: 370 205 00**  
**IBAN: DE04 3702 0500 0008 1500 00**  
**BIC: BFSWDE33XXX**  
**Reason for payment: 3610 / 0564 / 31**  
**Reason for payment: ETC 2/2018 <Participant´s Name>**

Please note that your application will not be completed / no manual will be sent until receipt of payment is confirmed.

Hereby I apply **bindingly** and approve this by my signature:

<b>Place / Date</b>	
<b>Signature</b>	

fax:	+49 3212-1182744
email:	etc@uk-koeln.de
mail:	Universitätsklinikum Köln Klinik für Anästhesie und Operative Intensivmedizin to: Dr. Oliver Spelten Kerpener Straße 62 50937 Köln