



REGISTRATION FORM

Please send in via Fax to +41 52 244 3514

I would like to register for the Dr. Maurice Salama's Hands-On Workshop
(please choose date)

26/27th March 2012 29/30th March 2012

Family Name _____

First Name _____

Title _____

Hospital _____

Address _____

City/Zip code _____

Country _____

Phone _____

Fax _____

E-mail _____

Hotel Accommodation

- no accommodation required
- single room
- double room requested
- additional hotel accommodation is required.

Dates: from _____ to _____

- Park Hotel
- Hotel Banana City

Important

Please fill in the registration form by 21st January 2012 and send it to Sophie Garzia, Fax: +41 52 244 3514, sophie.garzia@zimmer.com

Registration Office

Mrs Sophie Garzia
Zimmer GmbH, Sulzer-Allee 8, P.O Box
8404 Winterthur, Switzerland
Phone: +41 52 262 1817
Fax: +41 52 244 3514
sophie.garzia@zimmer.com

Date _____

Signature _____