

EANS Young Neurosurgeons Meeting

Innsbruck, Austria: 21st – 24th February 2010

Please return this form to Susie Hide (<u>susie.hide@btinternet.com</u>) no later than 20th September 2009

Last Name...... Male/Female...... Male/Female......

Personal Details:

Age.....

Email Address: Contact details of a relative or friend to contact in the case of an emergence	y:	
Academic Information		
Year and month of qualificationDo you intend to submit an abstract for this meeting		
Registration fees and accommodation:		
The full registration package includes the full scientific programme, four nighteen breakfast, dinner on Sunday, Monday and Tuesday evenings, and a three droom accommodation, or in a twin bedded room.		
A basic option to include the full scientific programme and dinner on Sund available.	ay, Monday and Tue	sday evenings only is also
Whichever option you choose, a deposit of 300 Euros is payable price accompanying information for full details of the deposit and cancellation	•	er 2009. Please see the
	Price	Please place a cross by your preference
Full package, including accommodation in a single room, breakfast, dinner on Sunday, Monday and Tuesday nights and 3 day ski pass	990 Euros	
Full package, including accommodation in a twin bedded room, breakfast, dinner on Sunday, Monday and Tuesday nights and 3 day ski pass	850 Euros	
Basic registration package including dinner on Sunday, Monday and Tuesday nights	600 Euros	
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A surcharge of 75 Euros will be payable on site by all those who are not ind	ividual members of t	he EANS.
Are you an individual member of the EANS?		
Do you wish to take advantage of the discounted ski package?		
If you wish to share a room, with whom do you wish to share (if applicable)?	
Please indicate here if your registration payment will be made by a sponso	r	