

REGISTRATION FORM 2023
Lilo Mettler SCHOOL of Reproductive Medicine Course
“ART – From BASICS to ADVANCED”

Please chose the course you want to register for

- Part I - Basic Course-PRE-RECORDED:** German Basic Diploma International Interactive Webinar and Hands-On-Video :Basic Course “Art –From BASICS to ADVANCED”
- Part II - Advanced Course- PRE-RECORDED:** German Advanced Diploma International Interactive Webinar and Hands-On-Video :Advanced Course “Art – From BASICS to ADVANCED”
- Part III - Hands-on Preceptorship Course in Kiel, Germany: 7th – 11th September 2023:** Certificate – Preceptorship in Reproductive Medicine and Embryology **(At a special price only for those who attend Part I and Part II)**

Name (*as in passport*): _____

Sex: Male Female

Date of Birth: _____ **Age:** _____ yrs

Address

Passport-Nr: _____ **Nationality:** _____

Tel. Nr. (with international code):

Fax Nr.:

Mobile Nr.:

Email: _____

Part I : 500 Euro plus taxes

Part II : 500 Euro plus taxes

General Terms: By sending us this registration you agree with our General Terms. (Which can be found at our website)

City, Date, Signature:

Kindly fill the registration form and the questionnaire and mail it to **info@reproductiveschool.com**

On receiving the registration form, a confirmation will be sent within 72 hrs by email. Because of increased demand, please register early for our courses.

Bank to Bank Transfer to Kiel School of Reproductive Medicine *(Please transfer the amount only once your registration has been accepted):*

Beneficiary Name: Kiel School – Lilo Mettler School of Reproductive Medicine GmbH

Beneficiary Country: Germany

Beneficiary Address: Duesternbrooker Weg 45A, 24105, Kiel, Germany

Beneficiary Bank name: Foerde Sparkasse

Beneficiary Bank Address: Foerde Sparkasse, Lorentzendam 28-30, 24103 Kiel, Germany
info@foerde-sparkasse.de

Beneficiary Bank's country: Germany

Beneficiary Account: IBAN: DE73 2105 0170 1003 9327 44

BIC: NOLADE21KIE

To be mentioned in the intended use for payment: "participant's name"

Personal cheques and Bank Drafts are not accepted.

QUESTIONNAIRE

Kindly fill the following questionnaire for us to tailor the course to your specific needs.

I perform:

- Ovarian Stimulation for IUI
- IUI
- Ovarian Stimulation for IVF
- IVF-ET
- none of the above

I work principally as a

- general physician
- obstetrician-gynaecologist
- reproductive physician
- embryologist
- others (please specify)

I can perform transvaginal ultrasound

- yes no

What kind of practice do you have?

- Private
- University
- Both

I was referred to this course by

- Advertisement
- Internet
- Word of Mouth
- Other (please specify)

What do you hope to learn from this course?