

**REGISTRATION FORM 2024**  
**Lilo Mettler SCHOOL of Reproductive Medicine Course**  
**“ART – From BASICS to ADVANCED”**

*Please chose the course you want to register for*

**Prerecorded Video Sessions of Basic Course (Part I):** German Diploma International Interactive Webinar and Hands-On-Video Basic Course “Art – From BASICS to ADVANCED”

**Prerecorded Video Sessions of Advanced Course (Part II):** German Diploma International Interactive Webinar and Hands-On-Video Advanced Course “Art – From BASICS to ADVANCED”

**Hands-on Course, Part III:** Certificate – Preceptorship in Reproductive Medicine and Embryology (Hands-on in Kiel, Germany) **(tentative date 18-22 September 2024)**

**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

**Part III:** 3300 Euros 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:

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Kindly fill the registration form and the questionnaire and mail it to **kielschoolinfo@gmail.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?

