



3rd Annual Meeting
International Society for Computer Assisted Orthopaedic Surgery
(CAOS – International)
Marbella (Spain), June 18-21, 2003

REGISTRATION FORM

The undersigned desires to participate in the above symposium.

Family name _____	Given name _____
Title _____	Specialty _____
Institution _____	
Street _____	City _____
Zip Code _____	Country _____
Phone _____	Fax _____
Email _____	

HOTEL ACCOMMODATION

For Accommodation
use the accommodation & booking form of
Viajes El Corte Inglés
available at <http://www.caos-international.org/2003>

SYMPOSIUM INFORMATION

Registration

- Mail or Fax: CAOS-International/European Office
M.E. Müller Center STB
Murtenstrasse 35
P.O. Box 8354
CH-3001 Bern
Switzerland

Phone: +41-31-632-8719
Fax: +41-31-632-4951
Email: caos@caos-international.org

- Register online: <http://www.caos-international.org/2003>

Registration fees

- Surgeons	CHF 900.00
- Basic Scientists	CHF 750.00
- Accompanying Persons	CHF 250.00

*see reverse side

Members of CAOS-International please deduct CHF 150.00 of the above given registration fees.

Payment

Please charge my credit card:

VISA

MasterCard

Card No.: _____ / _____ / _____ (16 digits)

Exp. Date: _____ / _____

Deadlines

- Abstract submission: January 31, 2003

- Registration cancellation: after February 28, 2003 refund, less CHF 150.- / after March 31, 2003 no refunds

Date: _____ **Signature:** _____

Chairmen

CAOS
André Bauer
Martin Börner
J. M^a Fernandez

Venue

CAOS
Palacio de Congresos
Marbella



Third annual conference
International Society for
**COMPUTER ASSISTED
ORTHOPEDIC SURGERY**



CAOS INTERNATIONAL 2003

JUNE 18 - 21, 2003
MARBELLA, SPAIN

www.caos-international.org/2003

**Become a Member of CAOS-International
and Save CHF 150.- on the Registration Fee for the Marbella Meeting.
Please Register on the Reverse Side.**

Annual Dues

Membership Fees:

- Active Member – US\$ 150.- p.a.
Including subscription to "Computer Aided Surgery".
- Active ISCAS Member – US\$ 75.- p.a.
Subscription to "Computer Aided Surgery" not included.
- Student – US\$ 75.- p.a. (student card mandatory)
Subscription to "Computer Aided Surgery" not included.

Payment:

VISA MasterCard

Card No.: _____ / _____ / _____ (16 digits)

Exp. Date: _____ / _____

Title/Family name _____

Given name _____

Institution _____

Street _____

City _____

Zip Code _____

Country _____

Phone _____

Fax _____

Email _____

Date: _____

Signature: _____