



5th Annual Meeting of the International Society for Computer Assisted Orthopaedic Surgery

HELSINKI, FINLAND

JUNE 19 TO 22, 2005

Registration Form

Please complete this form in order to register for the 5th Annual Meeting of the International Society for Computer Assisted Orthopaedic Surgery. Then return it to the address indicated at the bottom.

Academic title:..... _____

First name: _____

Last name: _____

University or Clinic: _____

Institute or Department: _____

Street or P.O. Box:..... _____

Zip code and city: _____

Country:..... _____

Phone number:..... _____

Fax number:..... _____

Email address:..... _____

Type of registration: Surgeon, member of CAOS-International (€450.-)..... € _____
 Surgeon, non-member of CAOS-International (€550.-)..... € _____
 Basic scientist, member of CAOS-International (€350.-) € _____
 Basic scientist, non-member of CAOS-International (€450.-) ... € _____

Late registration:..... If registering after 02/28/2005, add €150.- € _____

Number of accompanying persons: _____ Add €150.- per person (max. 2)..... € _____

First accompanying person's name: _____

Second accompanying person's name: _____

Total amount due:..... € _____

Method of payment:..... MasterCard Visa

Credit card number (16 digits):..... _____

Expiration date:..... _____

Name on credit card: _____

Date and signature: _____

See the second page of this form to learn how to become a member of CAOS-International and profit from reduced registration fees as well as other benefits.

Return the completed form by mail or fax to: CAOS 2005 Office
MEM Research Center
Staufferstrasse 78
3014 Bern
Switzerland

Fax: +41 31 631 5960



The International Society for
Computer Assisted Orthopaedic Surgery

Membership Application Form

Please complete this form in order to become a member of the International Society for Computer Assisted Orthopaedic Surgery. Then return it to the address indicated at the bottom. See http://www.CAOS-International.org/ for more details.

Academic title:.....
First name:
Last name:
University or Clinic:
Institute or Department:
Street or P.O. Box:.....
Zip code and city:
Country:.....
Phone number:.....
Fax number:.....
Email address:.....

Type of membership:.....
Active member (US\$ 150.- per year)
Student member§ (US\$ 75.- per year)
Active member; I'm a member of ISCAS (US\$ 75.- per year)
Active member; I'm a member of CAOS France (US\$ 140.- per year)
Student member§; I'm a student member of CAOS France (US\$ 70.- per year)

Method of payment:..... MasterCard Visa
Credit card number (16 digits):...
Expiration date:.....
Name on credit card:
Date and signature:

As a member of the International Society for Computer Assisted Orthopaedic Surgery you will profit from a number of benefits including:

- Free subscription to the journal Computer Aided Surgery# (see http://www.tandf.co.uk/journals/titles/10929088.asp)
Reduced registration fees for CAOS-International's annual meetings
Subscription to the CAOS-International mailing list
Monthly literature and patent updates related to CAOS
Worldwide contact to other CAOS experts

Return the completed form by mail or fax to: CAOS-International European Office
c/o MEM Research Center
Stauffacherstrasse 78
3014 Bern
Switzerland
Fax: +41 31 631 5960

§Student ID required
#With active memberships only