

RESERVATION FORM 2. SFN

Please fax to +49 (341) / 235 2782 or via www.nephro-leipzig.de

Name, Firstname	
Degree	
Institution	
Street, Nr	
ZIP, City	
Phone	
Fax	
E-mail	
	Please tick box
Ultrasound Course € 80.00	
Kidney Biopsy Course € 80.00	

After reservation you get an invoice with the overall fee.

Thereafter please advice the money under keyword
"SurnameFirstname_SFN2" to account No. 0103848213 at
Apotheker and Ärztebank, BLZ 10090603
IBAN: DE35 3006 0601 0103 8482 13
SWIFT Code: DAAEDED