



# HeartLAB

IN ZURICH

[www.heartlab.org](http://www.heartlab.org)

Please mail or fax to: +41(0) 55 442 19 70

## Registration form

**MODULE I**

*Mechanical Anastomoses,  
Repair*

*Endoscopic Graft Harvesting,, Endovascular Surgery*

Last name

**MODULE II**

*Smart Cannulation, Valved Stents for Surgeons*

First name

**MODULE III**

*A-V Valve Repair, Aortic Root and Arch*

Your business address

E-Mail

Phone clinic

Fax clinic

Private address

Phone private

Signature

Arrival

Departure

**One module** CHF **950.00**

**Two modules** CHF **1'450.00**

**Three modules** CHF **1'750.00**

**Please register as soon as possible**



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Postage  
required

**med connect**

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