

REGISTRATION FORM



ISAKOS
CONGRESS
2025



MUNICH
GERMANY
June 8-11

THANK YOU FOR YOUR INTEREST IN REGISTERING FOR THE 2025 ISAKOS CONGRESS IN MUNICH, GERMANY!

PLEASE PROVIDE ALL REQUESTED INFORMATION

Forms received without all information will not be processed

ISAKOS ID#:

PERSONAL INFORMATION (PLEASE PRINT CLEARLY FOR BADGE PURPOSES)

FIRST (GIVEN) NAME	LAST (SURNAME) NAME	DEGREE	
ADDRESS			
CITY	STATE / PROVINCE	POSTAL CODE	COUNTRY
TELEPHONE	FAX	E-MAIL	

REGISTRATION FEES

ISAKOS Congress Registration

	Early Sept 1 - Dec 31	Standard Jan 1 - March 31	On-site After April 1
<input type="checkbox"/> Member Physician ^o	US \$899	US \$999	US \$1,099
<input type="checkbox"/> Non-Member Physician	US \$1,349	US \$1,549	US \$1,749
<input type="checkbox"/> Non-Member Presenter / Faculty	US \$999	US \$1,099	US \$1,199
<input type="checkbox"/> Allied Health ^{oo}	US \$499	US \$599	US \$699
<input type="checkbox"/> Resident / Fellow ^{ooo}	US \$499	US \$599	US \$699
<input type="checkbox"/> Exhibitor Representative†	US \$749	US \$949	US \$1,149

Pre-Course Surgical Skills Workshop

<input type="checkbox"/> Member Physician††	US 1,449	US \$1,549	US \$1,649
<input type="checkbox"/> Non-Member Physician††	US \$1,749	US \$1,849	US \$1,949

Educational Programming Options

<input type="checkbox"/> Instructional Course Lectures (ICLs)	No Additional Fee – Included in Registration
<input type="checkbox"/> Meet the Experts	No Additional Fee – Included in Registration
<input type="checkbox"/> Lunch Time Sessions	No Additional Fee – Included in Registration

Social Activities

<input type="checkbox"/> Welcome Reception	No Additional Fee – Included in Registration
<input type="checkbox"/> Accompanying Persons Program§	US \$129 US \$149 US \$169
<input type="checkbox"/> Women of ISAKOS Reception	No Additional Fee – Included in Registration

- *Active, Associate, and Emeritus Members Only. Members are required to have paid all dues owed to ISAKOS. If dues are not paid prior to registering, they will be requested at the time of registration.
- **Allied Health and Resident/Fellow Registrants must provide proof of status prior to picking up badge onsite. Those who are unable to provide proof of status will be asked to pay the full registration price onsite. Physical Therapists and PhD's are invited to register under the Allied Health category.
- ***Medical Students are invited to register under the Resident or Fellow category and will be asked to provide a verifiable proof of medical school. Those who are unable to provide proof of status will be asked to pay the full registration price onsite.
- †Exhibitor representative must provide proof of affiliation (business card) with the exhibiting company and a photo ID in order to receive their badge onsite. Badges will not be given to anyone other than the individual named on the badge.
- §Full Congress registration required for add on. Accompanying Persons registration is limited to guests of Congress attendees and provides access to the Exhibit Hall, Opening session, and Welcome Reception only. Access to Congress scientific sessions or other events is not included.
- ††Individuals interested in attending the Surgical Skills Pre-Course Workshop will be asked to first complete an application questionnaire to ensure that admitted participants are able to experience the best level of surgical skills training. Approved applicants will be invited to register through a personal link sent by the ISAKOS Office. Congress Registration is required to register for a Pre-Course Workshop.

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Please include the names of all accompanying persons:

FIRST (GIVEN) NAME	LAST (SURNAME) NAME	FIRST (GIVEN) NAME	LAST (SURNAME) NAME
FIRST (GIVEN) NAME	LAST (SURNAME) NAME	FIRST (GIVEN) NAME	LAST (SURNAME) NAME
CITY	STATE / PROVINCE	COUNTRY	E-MAIL

TOTAL \$

FROM PAGE 1

ISAKOS Image / Likeness / Voice Release

I understand and agree that, as a result of participating as an ISAKOS meeting attendee and / or exhibitor, my image, likeness or voice may be photographed and / or recorded. If family members are attending the meeting with me, their image, likeness and voice may also be photographed and / or recorded. I hereby grant irrevocable and unrestricted permission to ISAKOS and its staff to use my or my family's image, likeness or performance in any medium and for any purpose they deem appropriate. I hereby waive any right to inspect or approve such use of materials. Submission of this Registration Form acknowledges acceptance of these terms.

ISAKOS CONGRESS ATTENDEE AGREEMENT

By submitting this Registration Form and registering for the Biennial Congress, I agree to be bound by the terms of the ISAKOS Attendee Participation Agreement and to abide by all other policies and procedures of ISAKOS. To view the ISAKOS Congress Attendee Agreement, log in to myCongress at isakos.com/myCongress.

METHOD OF PAYMENT (contact the ISAKOS Office for wire transfer information)

MAIL THIS FORM AND PAYMENT TO: ISAKOS, 567 Sycamore Valley Road West, Danville, CA 94526

OR FAX THIS FORM TO: +1 (925) 807 - 1199

Check (make check payable to ISAKOS in US Dollars drawn on US bank) VISA Master Card American Express

CARD NUMBER	EXP. DATE	CVV# 4 DIGITS AmEx 3 DIGITS VISA, MC
NAME (AS IT APPEARS ON CARD)		
SIGNATURE (I AGREE TO PAY ACCORDING TO THE CREDIT CARD ISSUER AGREEMENT)		DATE

By signing this form, attendees allow ISAKOS to charge their credit card for the total registration amount.

Cancellations will be subject to a US \$50 processing fee and may take up to three weeks to be processed. All cancellations must be sent by email to reg_isakos25@kenes.com. Note, in case of cancellation at any stage, bank transfer handling fee (US \$30) will not be refunded - applicable to Bank Transfer payments only.

- Cancellations received up and including January 31, 2025: full refund.
- Cancellations received between February 1 until March 31, 2025: 50% will be refunded.
- Cancellations received from April 1, 2025: no refund will be made.

REGISTER ONLINE AT
www.isakos.com/2025Congress

