



DAAO

Ärztliche
Osteopathie

Registration for English courses

Please tick the English course(s) you would like to register for:

4-OSBL01: OS BLT/LAS

in Isny, Germany

May 2, 2024 10.00 a.m. till

May 4, 2024 2.30 p.m.

4-OSCS103 OS Counterstrain I

in Frankfurt, Germany

September 8, 2024 10.00 a.m. till

September 10, 2024, 2.30 p.m.

4-OSIN01: OS Integration

in Frankfurt, Germany

May 5, 2024 10.00 a.m. till

May 7, 2024 2.30 p.m.

4-OSML03: OS MFR/Lymphatics

in Frankfurt, Germany

October 10, 2024, 10.00 a.m. till

October 12, 2024, 2.30 p.m.

4-OSEF04: OS Introduction

in Frankfurt, Germany

September 5, 2024 10.00 a.m. till

September 7, 2024, 2.30 p.m.

4-OSME03: OS Muscle Energy

in Frankfurt, Germany

October 13, 2024, 10.00 a.m. till

October 15, 2024, 2.30 p.m.

Please note: The registration can only be processed if you have a valid license to practice medicine plus additional training in manual medicine (or you are currently undergoing such training).

Your License: (Fields with an asterisk must be filled out)

Date of acquisition of license to practice medicine*:

(Please submit a copy of your license when you first register for a course)

License country*:

Date of the training in manual medicine:

(Please submit a copy of the relevant certificate)

Certificate acquired at which institute:

Für Mitgliederfragen und Vereinsitz

DAAO- Sekretariat

Oberharprechts 11

88260 Argenbühl

Tel.: 07566 - 9075274

Fax: 07566 - 1753

Mail: kontakt@daao.info

www.daao.info

Für Kursfragen

MWE-Sekretariat

Dr. Karl-Sell-Ärztseminar

DAAO e.V. - MWE - DGMM

Riedstr. 5

88316 Isny-Neutrauchurg

Tel.: 07562 - 97180

Fax: 07562 - 971822

Mail: info@manuelle-mwe.de

DAAO-Vorstand

Vorsitzende:

Dr. med. Petra Kramme

Stellvertr. Vorsitzender:

Frank Müller

Stellvertr. Vorsitzender:

Dr. med. Hans Ulrich Oxfort

Schatzmeister:

Dr. med. Rolf Pesch

Schriftführer:

Julian Hartig



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Your Contact Details: (Fields with an asterisk must be filled out)

Surname*: _____ First name*: _____

Title*: _____

Gender*: male female
 diverse

Date of birth: _____

Full address*: _____

E-mail*: _____

Phone: _____

- Specialization*:
- | | |
|---|---|
| <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Physical and Rehabilitative Medicine |
| <input type="checkbox"/> Ear Nose Throat Doctor | <input type="checkbox"/> Physiotherapist |
| <input type="checkbox"/> General Medicine | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Gynecology | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Sports Medicine |
| <input type="checkbox"/> Naturopathic treatments | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Neurology | <input type="checkbox"/> Surgery and Trauma Surgery |
| <input type="checkbox"/> Neurosurgery | <input type="checkbox"/> Trauma Surgery |
| <input type="checkbox"/> Occupational Medicine | <input type="checkbox"/> Traumatology |
| <input type="checkbox"/> Orthopedics | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Orthopedics and Trauma Surgery | |
| <input type="checkbox"/> Pediatrics | |

- Area of activity:
- Doctor's office
 - Clinic
 - Healthcare
 - Other

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Reduced fee: If you are entitled to a reduced fee, please send us copies of the relevant documents/certificates (e.g. ZVK/IFK ID card, ÄMM, DGMSM, ÖAMM proof of membership). Otherwise the reduction cannot be taken into account. If you are an existing member of MWE, Physio-MWE or DAAO, the course fee will be reduced accordingly when your registration is processed. The reduced amount, if any, is not displayed here.

I would like to pay the deposit and the remaining payment by bank transfer or this course is free of charge for me.

Name of account holder: _____

Bank name: _____

BIC*: _____

IBAN*: _____

Is there anything else you would like to tell us?

I agree to the general terms and conditions*

I have read the cancellation policy*

I agree that Dr. Karl-Sell-Ärztseminar Neutrauchburg e.V. saves and processes my contact details for the purpose of registering for the course. I have read the data protection declaration*

In accordance with art. 15 GDPR, you are entitled at any time to contact Dr. Karl-Sell-Ärztseminar Neutrauchburg e.V. to request comprehensive information about the data stored about you. In accordance with art. 17 GDPR, you can contact the Dr. Karl-Sell-Ärztseminar Neutrauchburg e.V. at any time to request the correction, deletion and blocking of individual personal data. You can also exercise your right to object at any time without giving reasons and change or completely revoke the declaration of consent with effect for the future. You can send your revocation to us either by post or by e-mail. No costs will incur other than postage costs. In this regard, we refer to our data protection declaration.

Date and place of signature

Signature

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