



**RSA Biomedical AB**

Postal address: Box 7972, S-907 19, UMEÅ,  
SWEDEN

Visiting address: Tvistevägen 47, S-907 19 UMEÅ,  
SWEDEN

Tel: +46 90 15 49 43 Fax: +46 90 15 49 32

E-mail: [info@rsabiomedical.se](mailto:info@rsabiomedical.se)

Web: [www.rsabiomedical.se](http://www.rsabiomedical.se)

Corp. Id. No. 556493-3728

Dear RSA-user,

2007/2008

**APPLICATION FOR PARTICIPATION IN RSA® -USER COURSE.**

We are arranging our 9<sup>th</sup> three days user course in Radiostereometric Analysis ( RSA® ) during May 2008. The official language during the course is English.

**Organiser:** RSA Biomedical AB

**Time:** May 14<sup>th</sup> - 16<sup>th</sup>, 2008

**Place:** Sahlgrenska University Hospital, Göteborg, Sweden

**Faculty President:** Johan Kärrholm, Professor. M.D. Orthopaedic Surgeon, Sahlgrenska University Hospital

**Price:** SEK 15.000/person ( when more than two participants from the same hospital/ clinic, SEK 12.500/person ) including documentation, lunch and dinner.

If you plan to participate in the course, please sign and send us the enclosed application form before **March 30<sup>th</sup> 2008**. Please, also inform us No. of participators that your clinic plan to participate with.

There is a big interest for the course and I will take the opportunity to inform you that the No of participators are limited due to many practical exercises.

*Mail, fax ( or E-mail ) the application form to:*

**RSA Biomedical AB**  
**Box 7972**  
**S-907 19 Umeå**  
**SWEDEN**  
**Fax:+46 90 15 49 32**  
**E-mail: [info@rsabiomedical.se](mailto:info@rsabiomedical.se)**

If you have any questions or/and wish additional information, please do not hesitate to let me know.

We hope and look forward to meeting you in Göteborg.

Yours Sincerely  
RSA Biomedical AB

Per Grundström  
CEO



**RSA Biomedical AB  
Att: Per Grundström  
Box 7972  
S-907 19 UMEÅ  
SWEDEN**

**Fax: +46 90 15 49 32  
E-mail: info@rsabiomedical.se**

**APPLICATION FORM TO RSA® USER COURSE ( BINDING)**

**Hospital/clinic/Company** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Participant** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature**  
  
\_\_\_\_\_