APRIL 19TH TO 21ST
OCTOBER 25TH TO 27TH

2012

LAPAROSCOPIC DIGESTIVE SURGERY

ADVANCED COURSES

REGISTRATION FORM

Dr./Prof. Family name

First name

Professional address

Zip code | City

Country | Phone

Fax | Mobile phone

E-mail

REGISTRATION (English-speaking courses)

☐ APRIL 19TH TO 21ST
☐ OCTOBER 25TH TO 27TH

☐ OPTION A: limited to 50 participants
Live broadcasts + Workshop (2 afternoons free) ..... 446 euros
☐ OPTION B: limited to 34 participants
Live broadcasts + Workshop + TRAINING ON LIVE TISSUE ..... 1796 euros

HOTEL ACCOMMODATION

Preferential rate at a Strasbourg 4 star hotel
Per night, single room, breakfast and city tax included ..... 107 euros
☐ 2 nights ☐ 3 nights ☐ 4 nights

Specify the dates:

PAYMENT

☐ Please bill my credit card: ☐ VISA ☐ MC ☐ AMEX

N° | | | | | | | | | | | | | | | | Expiry Date | | | | |
M M Y Y

Security code | | | |

Name: Signature:

IRCAD | EITS fax number: +33 3 88 11 90 28

☐ Please find enclosed a check* for (total amount):

*check made payable to "IRCAD | EITS" and addressed to

IRCAD | Hôpital civil | BP 426 | F-67091 Strasbourg Cedex

Cancellation policy. Cancellations must be made in writing and are subject to the following conditions:
- earlier than one month prior to the course: 100% refund
- later than one month prior to the course: no refund

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