

FEBRUARY 13<sup>TH</sup> TO 17<sup>TH</sup>  
MARCH 12<sup>TH</sup> TO 16<sup>TH</sup>  
MAY 21<sup>ST</sup> TO 25<sup>TH</sup>  
JULY 2<sup>ND</sup> TO 6<sup>TH</sup>  
SEPTEMBER 24<sup>TH</sup> TO 28<sup>TH</sup>  
NOVEMBER 26<sup>TH</sup> TO 30<sup>TH</sup>

# LAPAROSCOPIC GENERAL SURGERY

## 2012

INTENSIVE  
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)

- FEBRUARY 13<sup>TH</sup> 17<sup>TH</sup>
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- JULY 2<sup>ND</sup> TO 6<sup>TH</sup>
- SEPTEMBER 24<sup>TH</sup> TO 28<sup>TH</sup>
- NOVEMBER 26<sup>TH</sup> TO 30<sup>TH</sup> ..... 2492 euros

#### HOTEL ACCOMMODATION

- Preferential rate at a Strasbourg 4 star hotel
- Accommodation for 5 nights, single room, breakfast and city tax included ..... 535 euros
  - Additional night ..... 107 euros

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

