JANUARY 30TH TO FEBRUARY 3RD
JUNE 4TH TO 8TH
DU 8 AU 12 OCTOBRE
DECEMBER 10TH TO 14TH

2012

LAPAROSCOPIC AND ROBOTIC UROLOGICAL SURGERY

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)

- ☐ JANUARY 30TH TO FEBRUARY 3RD
- ☐ JUNE 4TH TO 8TH
- ☐ DU 8 AU 12 OCTOBRE
- ☐ DECEMBER 10TH TO 14TH

Limited to 34 participants

Registration fees ..... 2492 euros

HOTEL ACCOMMODATION

- ☐ 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

ircad France