OCTOBER 4TH AND 5TH

2012

ARTHROSCOPIC SURGERY

COURSE

SHOULDER SESSION

REGISTRATION FORM

Dr./Prof. Family name

First name

Professional address

Zip code | City

Country | Phone

Fax | Mobile phone

E-mail

REGISTRATION (English-speaking course)

OCTOBER 4TH AND 5TH

Course limited to 30 participants

Theoretical session + practical sessions ..... 970 euros

HOTEL ACCOMMODATION

Preferential rate at a Strasbourg 4 star hotel

Per night, single room, breakfast and city tax included ..... 107 euros

Specify the dates: OCTOBER ☐ 3RD ☐ 4TH ☐ 5TH

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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