NOVEMBER 23RD AND 24TH
ADVANCED COURSE
2012

WRIST ARTHROSCOPY

REGISTRATION FORM

Dr./Prof. Family name

First name

Professional address

Zip code | City

Country | Phone

Fax | Mobile phone

E-mail

REGISTRATION (English-speaking course)

NOVEMBER 23RD AND 24TH
Course limited to 30 participants
Registration fees including theoretical sessions + practical sessions ..... 1250 euros

HOTEL ACCOMMODATION

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