

ADVANCED COURSE IN PROCTOLOGICAL SURGERY

English-speaking course / Limited to 34 participants

REGISTRATION FORM

Dr./Prof. Family name _____

First name _____

Professional address _____

Zip code _____ City _____

Country _____

Phone _____ Mobile phone _____

E-mail _____

OCTOBER 14-15

COURSE REGISTRATION WITH HOTEL / IRCAD PACKAGE 2 nights **2 375 €**
 Additional night: October 15 **145 €**

COURSE REGISTRATION WITHOUT HOTEL **1940 €**

PAYMENT

Please bill my credit card: VISA  MC  AMEX 

N° | | | | | | | | | | | | | | | | | | | | Expiry Date | | / | | | Security code | | | | |

I Accept the Cancellation Policies, see p.5/6

Please find enclosed a check* for the total amount
*check made payable to “IRCAD” and addressed to:

IRCAD
Hôpitaux Universitaires
BP 426 / F-67091 Strasbourg Cedex
E-mail: training@ircad.fr

Name & Signature: