IRCAD · 2019

WRIST ARTHROSCOPY

BASIC COURSES

English-speaking course

REGISTRATION FORM

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☐ **FEBRUARY 22-23** Limited to 17 participants

☐ **NOVEMBER 29-30** Limited to 17 participants

☐ **COURSE REGISTRATION WITH HOTEL IRCAD PACKAGE** _____ **2 290 €**

☐ Additional night: specify the date ____ /____ / 2019 _____ **145 €**

☐ **COURSE REGISTRATION** _____ **2 000 €**

PAYMENT

Please bill my credit card: ☐ VISA ☐ MC ☐ AMEX

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

☑ I Accept the Cancellation Policies, see p.15/16

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