

## REGISTRATION FORM

June 9<sup>th</sup> and 10<sup>th</sup>  
December 8<sup>th</sup> and 9<sup>th</sup>

Dr./Prof. Family name .....

First name .....

Professional address .....

.....

Zip code ..... City .....

Country .....

Phone ..... Mobile phone .....

Fax ..... e-mail .....

### REGISTRATION

**Would like to participate in this Advanced Course:**

- June 9<sup>th</sup> and 10<sup>th</sup> (*English-speaking course*)  
 December 8<sup>th</sup> and 9<sup>th</sup> (*English-speaking course*)

Limited to 34 participants  
Theoretical sessions + Training on Live Tissue

▶ 1260 €

### HOTEL ACCOMMODATION

Exceptional price at a Strasbourg 4-star hotel per night, single room, breakfast incl. ▶ 92 €

- 2 nights     3 nights

Mention the dates: .....

### PAYMENT

Please charge my credit card:     VISA      EC      MC      AE 

No. .... Expiry Date .....

Name ..... Signature

IRCAD/EITS fax number: + 33 3 88 11 90 99

Please find enclosed a cheque\* of (total amount):

\*Cheque made payable to "IRCAD/EITS" and addressed to

IRCAD - Hôpitaux Universitaires - BP 426 - 67091 Strasbourg Cedex - France