

# INTERNATIONAL POST-GRADUATE COURSE IN MINIMALLY INVASIVE ENDOCRINE SURGERY

**advanced course**

June 23<sup>rd</sup> to 25<sup>th</sup>

**2011**

## REGISTRATION FORM

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

First name .....

Professional address .....

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

Country ..... Phone .....

Fax ..... Mobile phone .....

E-mail .....

### REGISTRATION (English-speaking course)

June 23<sup>rd</sup> to 25<sup>th</sup>

**Option A:** limited to 50 participants

Live transmissions + Theoretical sessions (2 half-days free) ..... 446 euros

**Option B:** limited to 34 participants

Live transmissions + Theoretical sessions + **Training on live tissue** ..... 1 686 euros

### HOTEL ACCOMMODATION

Preferential rate at a Strasbourg 4 star hotel

Per night, **single room breakfast included** ..... 104 euros

1 night  2 nights  3 nights

Specify the dates: .....

### PAYMENT

Please bill my credit card:  VISA   MC   AE 

N°

Expiry Date

Name: ..... Signature: ..... M M Y Y

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

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

\*cheque 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:

- more than one month before the course: 100% refund
- less than one month before the course: no refund

**ircad**  
France