INTERVENTIONAL GI ENDOSCOPY

advanced course

March 1st and 2nd
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)

March 1st and 2nd

O **Option A:** limited to 50 participants
Live transmissions + Workshop (2 half-days free) ..... 446 euros

O **Option B:** limited to 34 participants
Live transmissions + Workshop + **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

Specify the dates: O February 28th O March 1st O March 2nd

PAYMENT

O Please bill my credit card: O VISA O MC O AE

N° |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| Expiry Date |_|_|_|_| M M Y Y

Name: ..... Signature: .....

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

O 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

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