

# LAPAROSCOPIC TREATMENT OF KIDNEY TUMORS

**advanced course**

March 31<sup>st</sup> to April 2<sup>nd</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)

**March 31<sup>st</sup> to April 2<sup>nd</sup>**

Limited to 34 participants

Registration fees ..... 1 686 euros

### HOTEL ACCOMMODATION

Preferential rate at a Strasbourg 4 star hotel

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

Specify the dates:  March 30<sup>th</sup>  March 31<sup>st</sup>  April 1<sup>st</sup>  April 2<sup>nd</sup>

### PAYMENT

Please bill my credit card:  VISA   MC   AE 

N°

Expiry Date

M M Y Y

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

**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**

**ircad**  
France