LAPAROSCOPIC UROLOGICAL SURGERY

intensive courses

January 24th to 28th
June 6th to 10th
Du 3 au 7 octobre
December 5th to 9th
2011

REGISTRATION FORM

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

First name .....

Professional address .....

.....

.....

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

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

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

E-mail .....

REGISTRATION

O **January 24th to 28th** (English-speaking course)
O **June 6th to 10th** (English-speaking course)
O **Du 3 au 7 octobre** (Cours francophone)
O **December 5th to 9th** (English-speaking course)
Limited to 34 participants
Registration fees ..... 2 492 euros

HOTEL ACCOMMODATION

Preferential rate at a Strasbourg 4 star hotel
O Accomodation for 5 nights, **single room breakfast included** ..... 520 euros
O Additional night ..... 104 euros

Specify the dates: .....

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

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