

# Arthroscopic Surgery Course

# Shoulder session

October 21<sup>st</sup> and 22<sup>nd</sup>  
2010

## REGISTRATION FORM

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

First name .....

Professional address .....

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

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

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

E-mail .....

### REGISTRATION (English-speaking course)

**October 21<sup>st</sup> and 22<sup>nd</sup>**

Course limited to 30 participants

Theoretical sessions + practical sessions

**905 euros**

### HOTEL ACCOMODATION

Preferential rate at the Strasbourg Hilton\*\*\*\*

**Per night, single room breakfast included** **102 euros**

**Per night, double room breakfast included** **129 euros**

1 night  2 nights  3 nights

Mention the dates: .....

### 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 - 67091 Strasbourg Cedex - France**

**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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