

2023 - REGISTRATION FORM

WRIST ARTHROSCOPY & WRIST SURGERY - BASIC COURSE

ENGLISH-SPEAKING COURSE / LIMITED TO 30 PARTICIPANTS

Dr./Prof. Family name

First name

Mobile phone Email

Please specify (category and name): Hospital Clinic Private practice

.....

Professional address

.....

Zip code City Country

October 20 - 21

Course registration without hotel accommodation **1,500 USD**

Course registration at one of **IRCAD Africa partner hotels** **1,600 USD**

According to availability: Phoenix Apartment, Ebenezer Hotel Apartment & Five to Five Hotel (see page 7)

2 nights, in a single room, breakfasts, and city tax included

(check-in October 19, check-out October 21)

Payment:

Please bill my credit card: VISA  MC  AMEX 

N° | | | | | | | | | | | | | | | | | | | | Expiry Date | | / | | | Security code | | | | |

I accept the cancellation policies (see page 2)

REGISTRATION FEES INCLUDE

- > Theoretical sessions
- > **Hands-on sessions**
- > Coffee breaks and lunches
- > One dinner

NAME & SIGNATURE: