

# 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: