## 2024 - REGISTRATION FORM

## LAPAROSCOPIC UROLOGICAL SURGERY

LIMITED TO 30 PARTICIPANTS

Dr./Prof. Family name		
First name		
Mobile phone Email .		
Please specify (category and nam Hospital	Clin	Private practice
Professional address		
Zip code City	Country	
		_
May 6	- 10	
ma, c		
$\hfill \square$ Course registration without hotel accommodation		1,500 USD
☐ Course registration at one of IRCAD Africa partner		
According to availability: Phoenix Apartment, Leban 5 nights, in a single room, breakfasts, and city tax		Hotel (see page 10)
(check-in May 5, check-out MAY 10)	moraca	
Payment:		
i dyfficitt.		
Please hill my credit card: VISA - MC - MC	□ AMEX □	
Please bill my credit card: VISA		Security code
	☐ AMEX 🔽 y Date ┃ ┃ <b>/</b> ┃ ┃ S	Security code
N°                             Expir		Security code
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N°                               Expir  ☑ I accept the cancellation policies (see page 2)		Security code
N°                                   Expir ☐ I accept the cancellation policies (see page 2)  REGISTRATION FEES INCLUDE		Security code
N°                                 Expir I accept the cancellation policies (see page 2)  REGISTRATION FEES INCLUDE  > Theoretical sessions	y Date     <b>/</b>     S	Security code
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N°                                 Expir  I accept the cancellation policies (see page 2)  REGISTRATION FEES INCLUDE  > Theoretical sessions  > Live or pre-recorded operative demonstrations	y Date     <b>/</b>     S	Security code

IRCAD Africa is in compliance with Rwanda's data protection law.

Law No 058/2021 of 13/10/2021 relating to the protection of personal data and privacy.