

# 2024 - REGISTRATION FORM

## LAPAROSCOPIC GENERAL SURGERY

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 .....

June 10 - 14

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

Course registration at one of **IRCAD Africa partner hotels** ..... **1,850 USD**

According to availability: Phoenix Apartment, Lebanon Hotel & Five to Five Hotel (see page 10)

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

(check-in February 25, check-out March 1)

### 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
- > Live or pre-recorded operative demonstrations
- > **4 half days of hands-on sessions on live tissue**
- > Coffee breaks and lunches
- > One dinner

NAME & SIGNATURE: