

# 2025 - Registration Form

## RESPIRATION IN ANESTHESIA AND ICU SETTINGS ENGLISH-SPEAKING COURSE / LIMITED TO 30 PARTICIPANTS

Dr./Prof. Family name.....  
First name.....  
Mobile phone..... Email.....  
Gender .....

Please specify (category and name): Hospital Clinic Private practice  
Professional address .....  
Zip code .....  
City ..... Country.....

**SEPTEMBER 2- 4**

- Course registration without hotel accommodation ..... **1,500 USD**  
 Course registration plus accommodation ..... **1,850 USD**

*3 nights in a single room, breakfast and transport to the center included*

Check-in September 1, check-out September 4

### Payment:

Please bill my credit card  VISA  MC  AMEX

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

I accept the cancellation policies (See page 2)

Name & Signature:

### Registration Fees Include

- Theoretical sessions
- Live or pre-recorded operative demonstrations
- 3 half-days of hands-on sessions
- Coffee breaks and lunches
- One dinner

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