

# 2025 - Registration Form

## BASIC GASTROINTESTINAL ENDOSCOPY 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.....

**March 26 - 28**

**Course :**  Early Bird registration - No Accommodation - \$1,800  
*Early Bird Special: Save \$200! After March 12, the regular price of \$2,000 will apply. Don't miss out on this exclusive offer*

**Accommodation :**  Phoenix or Lebanon or Five to Five - \$70/night ---- indicate total number of nights   
 Radisson Blu - \$185/night ---- indicate total number of nights

- A single room, breakfast and transport to the center included in the accommodation options
- Lunch and Coffee break included (served at the IRCAD Africa center)

### 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

- Detailed theoretical sessions
- Live or pre-recorded operative demonstrations
- Three half-days of intensive practice
- Coffee breaks and lunches
- Dinner with participants
- Certificates of attendance

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