## 2025 - REGISTRATION FORM LAPAROSCOPIC UROLOGIC SURGERY

LIMITED TO 34 PARTICIPANTS

Dr./Prof. Family name				
First name				
Mobile phone	Email			
Please specify (category and name):				
Zip code	City	Cour	ntry	
SELECT A DATE		♦ FI	October 6 - 10 rench-speaking course	
COURSE REGISTRA	TION			
☐ Course registration without hotel accommodation				2,900 €
Course registration with hotel accommodation / IRCAD package				3,845 €
☐ Additional night: specify the date / 2025				189 €
☑ I accept the cance	T CARD VISA M I I I I I I Ex Illation policies (see below) Ind 430 Euros) are to be paid on the	piry Date	·	1   1   1
REGISTRATION FEE	S INCLUDE			
<ul> <li>Live or pre-recorded operative demonstrations</li> <li>Theoretical sessions</li> <li>4 half days of hands-on sessions on live tissue (mini-pigs)</li> <li>Robotic system initiation</li> <li>Coffee breaks, lunches &amp; one dinner</li> </ul>				E & SIGNATURE

## COURSE CANCELLATION POLICY

Should you wish to cancel or postpone your registration, please notify us by email at: <a href="mailto:cancellation@ircad.fr">cancellation@ircad.fr</a>. Please note that no refund or postponement will be considered for any cancellation received less than 6 weeks before the course starts, even if Visa application has been denied. For the hotel cancellation policy, please check page 24.

IRCAD complies with the French data protection act « Informatique et Libertés » & with the European General Data Protection Regulation (GDPR).