2024 REGISTRATION FORM

VOCAL FOLD MEDIALIZATION TECHNIQUES

ENGLISH-SPEAKING COURSE / LIMITED TO 20 PARTICIPANTS

Dr./Pro	f. Family nam	ne					
First na	me						
Mobile	phone		Email				
Pleases	specify (catego	ory and name): O Hospital			ate practice		
Profess	ional addres	S					
		City					
			May 6				
		Course registration without hotel accommodation					799 €
		Course registration v Les Haras Hotel**** : 1 (check-in May 5, check-out	night, in a single re	mmodatio oom, breakfa	on / IRCAD pasts, and city tax	ackageincluded	978 €
		Additional night: May	y 6, 2024				179 €
	Please bill	my credit card: O VISA	■ ○ MC •	O AMEX	0		
N°	$\vdash \; \vdash \; \vdash \; I$			ry Date	+I+I	Security code	$-1 \rightarrow -1$
⊘ I acce	pt the cancellati	on policies (available on the regis	stration page)				
		UDE					
Theoretical sessionsHands-on session on live tissueCoffee break and lunch						NAME	& SIGNATURE: