2025 - REGISTRATION FORM

HOW TO PREVENT AND MANAGE INTRA-OPERATIVE COMPLICATIONS IN LAPAROSCOPIC SURGERY

ENGLISH-SPEAKING COURSE - LIMITED TO 34 PARTICIPANTS

Dr., r ron. r anning manne			
First name			
Mobile phone	Email	l	
Please specify (catego	ry and name): 🗌 Hospital	☐ Clinic	☐ Private practice
Professional address			
Zip code	City	Country	
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COURSE REGISTRAT	TION		
_			2,120 €
□ Course registration Les Haras Hotel*** (check-in September)	on with hotel accommod *: 3 nights, in a single room, i 7, check-out September 10)	dation / IRCAD pa breakfasts, and city t	ackage2,687 € ax included
			189 €
PAYMENT BY CREDI	T CARD □ VISA □ N	MC □ AMEX	
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REGISTRATION FEES	S INCLUDE		NAME & SIGNATUR
REGISTRATION FEES		elvic trainer	NAME & SIGNATUR

Should you wish to cancel or postpone your registration, please notify us by email at: cancellation@ircad.fr. 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 10.