

## HANDS-ON WORKSHOP

# Laparoscopic Suture Curriculum



Oct. 25-26

## 2019 REGISTRATION FORM

Dr./Prof.Family Name ..... First Name .....

Gender  Male  Female Birthday ..... / ..... / .....  
(YYYY/MM/DD)

Professional Address .....

Org. .... Speciality ..... Seniority ..... years

Zip Code ..... City .....

Country ..... Fax .....

Phone ..... Mobile Phone .....

E-mail .....

### REGISTRATION (English-Speaking Courses)

**Option A** Early bird Theoretical sessions+ Training on dry box..... **12,000NTD**

**Option B** Theoretical sessions+ Training on dry box..... **15,000NTD**

### HOTEL ACCOMMODATION (Rate per night, single room breakfast included)

Preferential rate at Windsor Hotel Taichung..... **3,410NTD**  
Please refer to [http://www.windsortaiwan.com/index\\_enUS.htm](http://www.windsortaiwan.com/index_enUS.htm)

Preferential rate at LOHAS Relaxing Center..... **2,200NTD**  
Please refer to <http://www.cbshow.org.tw/dept/lohas/index.html>

1 night  2 nights  3 nights

Check in date.....Check out date.....

### PAYMENT

Please bill my credit card:  VISA  MASTER

Name ..... Signature: ..... Security Code : .....

Card Number ..... Expiration Date: .....

\*Course tuition and LOHAS accommodation rate must be paid in advance.

\*Any cancellation of registration less than 30 days prior to the course starting date will NOT be transferred, reimbursed or postponed.

### CONTACT

Tel: +886-4-781-2988

E-mail: [register@ircadtaiwan.com.tw](mailto:register@ircadtaiwan.com.tw)

Webpage: <http://www.ircadtaiwan.com> (for on-line registration)