

2009 REGISTRATION FORM
ADVANCED COURSES

LAPAROSCOPIC DIGESTIVE SURGERY

ASIA IRCAD - TAIWAN

DECEMBER 3-5

Dr./Prof.Family Name

First Name

Professional Address

Organization Speciality

Zip Code City

Country

Phone Mobile Phone

Fax E-mail

REGISTRATION

Option A Limited to 80 participants per course
Theoretical sessions + Live Transmissions18,000NTD

Option B Limited to 40 participants per course
Theoretical sessions + Live Transmissions + Training on Live Tissu.....68,000NTD

ENGLISH ABILITY Fluent Average Poor

HOTEL ACCOMMODATION

Preferential rate at Howard Hotel Taichung
Per night, **single room breakfast included**.....2,800NTD

1 night 2 nights 3 nights 4 nights
Mention the dates.....

PAYMENT

Please bill my credit card: VISA MASTER

Name Signature:

Card Number Expiration Date:

"AITS" fax number: +886-4-707-3222

Please find enclosed a check for (total amount):
check made payable to "AITS" and addressed to

No.6, Lugong Rd., Lugang Township, Changhua County, 505, Taiwan
or go to <http://www.aits.tw> for on-line registration.