

2009 REGISTRATION FORM

INTENSIVE COURSES

LAPAROSCOPIC GENERAL SURGERY

February 16th to 19th

June 8th to 11th

October 19th to 22nd

ASIA IRCAD - TAIWAN

Dr./Prof.Family Name

First Name

Professional Address

Organization

Specialty

Zip Code

City

Country

Phone

Mobile Phone

Fax

E-mail

REGISTRATION

February 16th to 19th

June 8th to 11th

October 19th to 22nd

Limited to 40 participants per course

Theoretical sessions + Training on Live Tissue.....**81,000NTD**

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

5 nights

extra night(s)

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.