

2009 REGISTRATION FORM
ADVANCED COURSES

Natural Orifice Transluminal Endoscopic Surgery

July 3-4
November 20-21

ASIA IRCAD - TAIWAN

Dr./Prof.Family Name

First Name

Professional Address

.....

Zip Code City

Country

Phone Mobile Phone

Fax E-mail

REGISTRATION

July 3rd-4th November 20th-21st

Option A

Theoretical sessions + Live Transmissions**18,000NTD**

Option B Limited to 40 participants per course

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

HOTEL ACCOMMODATION

Preferential rate at Howard Hotel Taichung

Per night, **single room breakfast included**.....**2,500NTD**

1 night 2 nights 3 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.