

2009 REGISTRATION FORM
ADVANCED COURSES

PEDIATRIC VIDEOSURGERY

OCTOBER 29 - 31

ASIA IRCAD - TAIWAN

Dr./Prof.Family Name

First Name

Professional Address

Organization Speciality

Zip Code City

Country

Phone Mobile Phone

Fax E-mail

REGISTRATION

Limited to 40 participants per course

Theoretical sessions + Training on Live Tissue..... **74,000NTD**

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.