

ADVANCED COURSES

COLORECTAL SURGERY

September 10<sup>th</sup>-11<sup>th</sup>



2010 REGISTRATION FORM

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

First Name .....

Professional Address .....

Organization ..... Speciality .....

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

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

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

E-mail .....

REGISTRATION

Option A

Theoretical sessions + Live Transmissions .....37,000NTD

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

Mention the dates.....

Please note registration fee does not interfere with hotel accommodation

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.