1st International Course on

LAPAROSCOPIC RADICAL PROSTATECTOMY

PARIS January 14-15, 2000

Registration Form

Please return this form duly completed with your payment to :

Convergences-IMM 2000
120, avenue Gambetta
75020 PARIS (France)

Title Pr ☐ Dr ☐ Mr ☐ Mrs ☐ Ms ☐

Name .....

First Name .....

Mailing Address .....

.....

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

Country .....

Phone ..... Fax .....

E.mail .....

City and Country to appear on badge .....

1 Fees

	Until * November 1, 1999	After *
Participant	☐ 400 €	☐ 500 €

* Date as postmarked

Total 1 = |_|_|_|_|_| €

2 Hotel Accommodation

Hotel Novotel - Paris, Porte d'Orléans

Check - in date |_|_| January 2000
Check - out date |_|_| January 2000
number of nights |_| single ☐ double ☐

Deposit 1 night : **Total 2** = |_|_|_|_|_| €

3 SNCF (train) travel discount

Please send me |_| discount coupon(s)

Payment

1 - Fees |_|_|_|_|_| €
2 - Accommodation |_|_|_|_|_| €

Total Amount to be paid = |_|_|_|_|_| €

Enclosed

☐ **bank draft**

☐ **payment by credit card** (Visa, Eurocard & Mastercard only)

card number _____

expiration date |_|_|_|_| signature

☐ **official copy of the transfer order**

I, the undersigned, certify that I have read and hereby accepts the conditions of registration, reservation and cancellation.

Date Signature