

# 2024 - REGISTRATION FORM

## RESPIRATION IN ANESTHESIA AND ICU SETTINGS

ENGLISH-SPEAKING COURSE / LIMITED TO 30 PARTICIPANTS

Dr./Prof. Family name .....

First name .....

Mobile phone ..... Email .....

Please specify (category and name):    Hospital     Clinic     Private practice

Professional address .....

Zip code ..... City ..... Country .....

**SEPTEMBER 2 - 4**

Course registration without hotel accommodation ..... **1,500 USD**

Course registration at one of **IRCAD Africa partner hotels** ..... **1,850 USD**

*According to availability: Phoenix Apartment, Lebanon Hotel & Five to Five Hotel (see page 10)*

**3 nights, in a single room, breakfasts, and transport to the center included**

*(check-in September 1, check-out September 4)*

### Payment:

Please bill my credit card:     VISA      MC      AMEX 

N° | | | | | | | | | | | | | | | |    Expiry Date | | / | |    Security code | | | | |

**I accept the cancellation policies (see page 2)**

### REGISTRATION FEES INCLUDE

- > Theoretical sessions
- > Live or pre-recorded operative demonstrations
- > **3 half days of hands-on sessions on live tissue**
- > Coffee breaks and lunches
- > One dinner

NAME & SIGNATURE: