

# 2024 - Registration Form

## HERNIA AND COLORECTAL COURSE 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.....

**JULY 16 - 20**

- Course :**  Hernia  Colorectal  Both  
**Accommodation :**  No Accomodation  Radisson Blu  Hotel Des Mille Colin  
 Phoenix or Lebanon or Five to Five

*6 nights in a single room, breakfast and transport to the center included for accommodation option*

### Payment:

Please bill my credit card  VISA  MC  AMEX  
N° | | | | | | | | | | | | | | | | | | | | Expiry Date | | / | | Security code | | | | |

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

Name & Signature:

### Registration Fees Include

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

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