2026 - REGISTRATION FORM

OR NURSE MASTERCLASS

ENGLISH-SPEAKING COURSE / LIMITED TO 30 PARTICIPANTS

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

First name.....

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

Gender .....

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

Professional address .....

Zip code .....

City ..... Country.....

Mar 23 -26

Course : ☐ Registration -No Accommodation - $1000

Accommodation :
☐ Phoenix or Lebanon or Five to Five - $70/night ---- indicate total number of nights
☐ Radisson Blu - $185/night ---- indicate total number of nights

- *a single room, breakfast and transport to the center included in the accommodation options*
- *LunchandCoffee break included (served at the IRCAD Africa center)*

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
- 4 half-days of hands-on sessions on live tissue
- Coffee breaks and lunches
- One dinner

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