7th Advanced Course On Shoulder Arthroscopy
January 19th-23rd 2009
Convention Centre, Val d'Isère, France

Registration form

Doctor ( ) Pr ( ) Industrial Participant ( )

LAST NAME : .....First Name :.....

Institute/ Hospital :.....

Address :.....

.....

Zip Code : .....City :……Country :……..……

Phone : ..... Fax : .....E-mail :..……@….....

Please not forget your E- mail address in order to get all information you need

● **Registration fees**

The fees include attendance to courses, the workshops, and 2 coffee breaks per day from the 19th to the 23rd2008

850 € (before 30th October 2008) ☐
900 € (after 30th October 2008) ☐

● **Cancellation**

Before 23/11/ 2008 : 50 %
After 23/11/ 2008 : No Refund

● **Payment**

I, the undersigned, M. _____ , authorize SEM SOGEVALDI to debit the sum of _____ €
on my credit card . (Visa, Eurocard and Mastercard only)

Expiration date: ……/……

Cryptogram : the last 3 digits on the back of your card / Cryptogramme : les 3 derniers figurant au dos de

Date : **Signature :**

RETURN THE FORM TO :

7th Advanced Course on Shoulder Arthroscopy 2009

CENTRE DE CONGRÈS ET DE SÉMINAIRES HENRI OREILLER
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Site: www.valdisereshoulder.com or www.valdisere-congres.com
Contact : Ingrid Tholmer / Marlène Pizzinato
Organisme local de tourisme autorisé par arrêté préfectoral sous le N° AU 073.96.0006