



# 9<sup>th</sup> ADVANCED COURSE ON SHOULDER ARTHROSCOPY

COME WITH US TO THE TOP

January 25<sup>th</sup> > 30<sup>th</sup> 2015

Val d'Isère (France)

① : [www.valdisereshoulder.com](http://www.valdisereshoulder.com)

<p>January 25<sup>th</sup>-30<sup>th</sup> 2015</p>	<h2 style="text-align: center;">REGISTRATION FORM</h2> <p style="text-align: center;">Have you thought of registering online ? It's easy and secure. Go now to : <a href="http://www.valdisereshoulder.com">www.valdisereshoulder.com</a></p>	
<p>Convention Center, Val d'Isère, France</p>	<div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Doctor Professor</span> <span><input type="checkbox"/> Fellows / Residents</span> </div> <p><b>Last Name :</b> .....</p> <p><b>First Name :</b> .....</p> <p><b>Institute/Hospital :</b> .....</p>	
<p>9<sup>th</sup> ADVANCED COURSE ON SHOULDER ARTHROSCOPY</p>	<p><b>Address:</b> .....</p> <p><b>Zip. Code:</b> ..... <b>City :</b> .....</p> <p><b>Country :</b> .....</p> <p><b>Phone :</b> ..... <b>Fax :</b> .....</p> <p><b>Email:</b> .....</p>	
<p>Lectures, relive surgeries, debates and interactives discutions</p>	<p style="text-align: center;"><i>Please do not forget your E- mail address in order to get all the information you need</i></p>	

## REGISTRATION FEES

### ☐ **DOCTORS / PROFESSORS**

☐ 750 € (before 31<sup>st</sup> October 2014)

☐ 850 € (from 1<sup>st</sup> November 2014)

### ☐ **FELLOWS / RESIDENTS**

☐ 400 € (before 31<sup>st</sup> October 2014)

☐ 500 € (from 1<sup>st</sup> November 2014)

Prices include: Access to Course and Exhibition, Delegate Bag, Congress, documents and book, certificate of attendance, and Coffee Breaks

## METHOD OF PAYMENT (registration is not valid without full payment)

I hereby forward the amount of .....€ and I choose to pay by :

□

☐ Bank Card (Visa / Eurocard / Mastercard)

I, the undersigned .....

*Cardholder's name*

authorise SEMSOGIVALDI to debit the sum of.....€ on my credit card

□□□□□□□□□□□□□□□□ □□□□ □□□

*Card number*

*exp date*  
(month/year)

*Cryptogramme*  
(3digits on the back  
of your card)

Date : / /

Signature :

□

☐ Bank transfer to the account :

**Bank** : Banque Populaire Savoisienne  
**Bank Code** : 16807 – **Branch Code** : 00007  
**Account** : 30049973197 – **Key** : 70  
**Swift/BIC** : CCBPFRPPGRE  
**IBAN** : FR76 1680 7000 0730 0499 7319 770

When making a bank transfer, please  
specify name of participant as  
reference.

Date: / /

Signature:

## CANCELLATION POLICY

Issued invoices are due. Cancellations must be sent by email and are subject to the following conditions :

- before the 24th November, 2014 : 50% refund
- from 25th November 2014 : no refund

SEND US YOUR REGISTRATION FORM BY EMAIL AT: [info@valdisereshoulder.com](mailto:info@valdisereshoulder.com)

*Incomplete forms or forms without payment will not be processed*

9<sup>th</sup> Advanced Course on Shoulder Arthroscopy 2015

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Immatriculé au registre des opérateurs de voyages et de séjours sous le numéro : IM073100037