

# Surgery of the Spastic Upper Limb

## Registration Form



### Personal Datas

Name: .....

First Name: .....

Address: .....

Department: .....

Zip code city: ..... Town: ..... Country: .....

Phone: ..... E-mail: .....



### Registration Fees (2 days)

Please tick the appropriate box

- Surgeon and doctor
- Fellow, physiotherapist, nurse, occupational therapist  
Member of the Raoul Tubiana Club
- DIU Saint Antoine

Before: 27/01/2017

400 €

250 €

80 €

After: 27/01/2017

500 €

350 €

80 €

Price include: Access to the symposium, exhibition area, delegate bag, certificate of attendance and coffee breaks



### Amount To Charge

Registration will be confirmed upon reception of payment

€ TTC

By bank check payable to Eventime

By credit card:

I herewith authorize, Eventime to debit the above amount:

Visa

American Express

Card number: ..... Expiry date: .....

Cryptogram: ..... Cardholder's name: .....

By bank transfer to the account:

Bank: Banque BNP Paribas • Bank code: 30004 – Branch code: 02659 • Account: 00010049258 – Key: 56 • Swift / BIC: BNPAFRPPAID  
IBAN: FR76 3000 4026 5900 0100 4925 856

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



### Cancellation Policy

**Registration deadline:** February, 24<sup>th</sup>, 2017 / After this date, on-site registration available • **Cancellation:** Any cancellation must be notified by mail to Eventime until January 13<sup>th</sup>, 2017, 50 € fee / Cancellation after January 13<sup>th</sup>, 2017, no refund

Date: / /

Signature: