

## Registration Form

### Course information

Course name \_\_\_\_\_

Date of attendance \_\_\_\_\_

### Personal information

Dr./Prof. Family Name \_\_\_\_\_

First Name \_\_\_\_\_

Professional Address \_\_\_\_\_

Zip Code \_\_\_\_\_ City \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail \_\_\_\_\_

### Registration Fees

Option A (Only the course including coffee breaks and lunches) ----- **\$800**

Option B (Course, coffee breaks and lunches with Hotel: Hilton) ----- **\$1,500**

Option C (Social program for Spouse) ----- **upon request**

### Cancellation Policy

Should you wish to cancel your registration, please notify us by email on [info@cliniquedulevantsm.com](mailto:info@cliniquedulevantsm.com)

Please note that no refund will be considered for any cancellation received less than 3 days before the course starts.

### Payment (upon arrival)

- Visa card
- Cash

I Accept the Cancellation policy

Name & Signature