



20th International Otology Course

Causse Ear Clinic

June 28 - 30, 2018

REGISTRATION FORM

Please fill this form (PRINT or TYPE) and mail it to : **Causse Ear Clinic, 20th International Otology Course, 34440 Colombiers, France** or fax it to : **+33 4 67 35 62 00** or register on-line: www.clinique-causse.com/course2018 / Questions ? : contact@clinique-causse.com

First name..... Family/Last name:.....

Adress.....

..... City..... Zip/Postal code.....

Country..... Tel..... Fax.....

E-mail.....

REGISTRATION FEE (Please tick the box)

Scientific program 450€ x.....person(s)
(including lunch (non-EAONO members)

Thursday June 28th) 400 € x.....person(s)
(EAONO members)

Official diner 80 € x.....person(s)
(June 29th) (Limited number of participants: 100)

TOTAL FEES (Please make one selection)

Total €

CHARGE THE FOLLOWING CREDIT CARD (Please select your card and fill the form)

Type of credit card VISA MasterCard

Card informations Card number.....

Card holder (name).....

Card Verification Number *.....

(* For Visa and MasterCard the Card Verification Number is a 3-digits code located on the back of the card)

Expiration date.....

Authorized Signature: