

## ADVANCED COURSES

# WRIST ARTHROSCOPIC

November 6th-7th



## 2010 REGISTRATION FORM

Dr./Prof.Family Name .....

First Name .....

Professional Address .....

Organization ..... Speciality .....

Zip Code ..... City .....

Country ..... Fax .....

Phone ..... Mobile Phone .....

E-mail .....

### REGISTRATION

Limited to 40 participants per course

Theoretical sessions + Training on Live Tissue..... **45,000NTD**

**ENGLISH ABILITY** Fluent Average Poor

### HOTEL ACCOMMODATION

Preferential rate at Howard Hotel Taichung

Per night, **single room breakfast included**..... **2,800NTD**

1 night  2 nights  3 nights

Mention the dates.....

Please note registration fee does not interfere with hotel accommodation

### PAYMENT

Please bill my credit card:  VISA  MASTER

Name ..... Signature: .....

Card Number ..... Expiration Date: .....

**"AITS" fax number: +886-4-707-3222**

Please find enclosed a check for (total amount):

check made payable to "AITS" and addressed to

**No.6, Lugong Rd., Lugang Township, Changhua County, 505, Taiwan**

or go to **http://www.aits.tw** for on-line registration.