

ADVANCED COURSES

WRIST ARTHROSCOPIC

November 6th-7th



2010 REGISTRATION FORM

Dr./Prof.Family Name _____ First Name _____

Gender Male Female

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: _____ Security Code : _____

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.