



# 22<sup>nd</sup> International Otology Course

## Causse Ear Clinic

June 30 - July 2, 2022

### REGISTRATION FORM

Please fill this form (PRINT or TYPE) and mail it to : **Causse Ear Clinic, 22<sup>nd</sup> International Otology Course, 34440 Colombiers, France** or fax it to : **+33 4 67 35 62 00** or register on-line: <https://causse-otology-course.com> / Questions ? : [contact@clinique-causse.com](mailto: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)

& welcome reception  400 € x.....person(s)  
Thursday (June 25th) (EAONO members)

**Official diner**  80 € x.....person(s)  
(June 26th) (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  AMEX

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  
For Amex the Card Verification Number is a 4-digits code located on the front of the card )

Expiration date.....

Authorized Signature: