

# REGISTRATION FORM / 1

To be returned to: IMPACT/Christina Loicht – 10, Rue Ribotti – 06300 Nice - France

NAME \_\_\_\_\_

FIRSTNAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ZIP CODE \_\_\_\_\_ CITY \_\_\_\_\_ COUNTRY \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

## REGISTRATION FEES

### ▪ 3-DAY COURSE

Access to Course and Exhibition, Delegate Bag, Congress Book, Welcome Reception, Live Surgery, Knot Tying Workshop, Shoulder Model Workshops, Coffee Breaks and Lunches.....**1,200.00 €**

### ▪ CADAVER WORKSHOP

Due to the limited number of places, registration is only possible through the website..... **500.00 €**

### ▪ **Please specify if you intend to participate in the following workshops (included in the registration fee):**

Knot Tying Workshop on Thursday, June 7

Live Surgery Session on Friday, June 8

Shoulder Model Workshops/Arthroscopy on Thursday, June 7  or on Friday, June 8

Shoulder Model Workshops/Arthroplasty on Thursday, June 7  or on Friday, June 8

### ▪ **Please list your level of experience regarding shoulder arthroscopy below:**

I perform less than 25 shoulder arthroscopies annually

I perform 25-75 shoulder arthroscopies annually

I perform 75-150 shoulder arthroscopies annually

I perform over 150 shoulder arthroscopies annually

### ▪ **Please list your level of experience regarding total shoulder replacement surgery below:**

I perform less than 3 shoulder replacement surgeries annually

I perform 3-10 shoulder replacement surgeries annually

I perform 10-25 shoulder replacement surgeries annually

I perform over 25 shoulder replacement surgeries annually

### ▪ **Please also specify:**

Your age?

Year of diploma in orthopaedic surgery?

Are you practising a shoulder fellow ship?  yes  no

