



## REGISTRATION FORM

### **CIRALE – IPC**

Route Départementale 675  
14430 GOUSTRANVILLE  
Tél : 02.31.27.85.56  
Fax : 02.31.27.85.57

Pr J-M. Denoix  
Email : [jmdenoix@vet-alfort.fr](mailto:jmdenoix@vet-alfort.fr)

### **Ultrasonographic diagnosis Proximal limbs and spine (July 4th and 5th, 2011)**

**Place** : CIRALE – IPC 14430 Goustranville  
**Date** : July 4<sup>th</sup> and 5<sup>th</sup>, 2011 from 8.30 AM to 6.00 PM  
**Information** : Mrs Aurélie HUREL – Tél : 02 31 27 85 56 / Mail : [cirale@vet-alfort.fr](mailto:cirale@vet-alfort.fr)  
**Program** : see under  
**Price of the course** : 750 € (lunch included) / Package Ultrasound Proximal limbs and spine + Distal limbs = 1400 €  
The number of participants is limited to 35 to facilitate the exchanges between speakers and participants.

#### **EPU «Ultrasonographic diagnosis : proximal limbs and spine»**

July 4th and 5th, 2011 at the CIRALE

Registration form to be sent back accompanied with your payment to :

#### **CIRALE IPC – Secrétariat – RD 675 – 14430 GOUSTRANVILLE**

Tel. 02 31 27 85 56 – Fax 02 31 27 85 57 – Mail : [cirale@vet-alfort.fr](mailto:cirale@vet-alfort.fr)

Doctor (name – first name) : \_\_\_\_\_

Address : \_\_\_\_\_

Post code : \_\_\_\_\_ Town : \_\_\_\_\_ Country : \_\_\_\_\_

Tel : \_\_\_\_\_ Fax : \_\_\_\_\_

Mail : \_\_\_\_\_

N° d'ordre (for French veterinarians only): \_\_\_\_\_ Percentage of equine activity : \_\_\_\_\_ %

I join a check of \_\_\_\_\_ € to the order of "Régie du CIRALE "

Please charge my Visa/Mastercard/Maestro with \_\_\_\_\_ € Card Number \_\_\_\_\_

Name of card holder \_\_\_\_\_ Expiry Date \_\_\_\_\_

Sécurité number (3 figures on the back of the card) \_\_\_\_\_ Start Date / Issue n° (Maestro) \_\_\_\_\_

I make a bank transfer of \_\_\_\_\_ € (confirmation of your transfer to be sent to the CIRALE for validation of the registration)

(Trésor Public - Code bank : 10071 - code counter : 14000 – n° of account : 00001000353 – RIB key : 87 – bank domiciliation : TPCAENTG)

(foreigners' payment only : IBAN FR76 1007 1140 0000 0010 0035 387 – SWIFT BDFEFRPPXXX)

Végétarian

I confirm having acquainted with the conditions of registration mentioned below and to accept them.

Signature (All forms must be signed)

#### **Conditions of registration**

- Any registration not accompanied of the payment will not be taken into account
- No refund will be made for any withdrawal indicated in 4 weeks preceding the EPU