

# 7<sup>th</sup> GENEVA SPINE COURSE



## Sagittal balance

### Master course

## REGISTRATION

Please return this form by email : [sagittalcourse@gmail.com](mailto:sagittalcourse@gmail.com)

### PARTICIPANT INFORMATION

To be completed in block letter and sent with payment receipt

Family Name : ..... First (given) Name : .....

Institution : ..... Postal address : .....

ZIP Code : ..... City/Country : .....

Phone : ..... Fax : .....

E-mail : .....

### REGISTRATION

Sagittal balance course, January 18<sup>th</sup>  480€

Dinner, January 18<sup>th</sup>  80€

Workshop, January 19<sup>th</sup>  330€

### PAYMENT

CREDIT CARD

No registration will be processed unless accompanied by payment. I authorize FASTER to charge my credit card the amount of ..... Euros

VISA  MASTERCARD  AMERICAN EXPRESS

CC Number: ..... Expiration date: ..... / .....

3 last CBC numbers on the back of the card: .....|.....|.....

Name of the Credit Card Holder : .....

BANK DRAFT

Banque Migros

Beneficiary name : FASTER

IBAN : CH02 0840 1000 0579 9241 0

BIC : MIGRCHZZ80A

SIGNATURE :

All payment must be in € (Euro) only, net of all bank changes.

A copy of bank transfer must be sent together with the Registration Form.