



# 25<sup>th</sup> International Otology Course

## Causse Ear Clinic

July 3-5, 2025



### REGISTRATION FORM

Please fill this form (PRINT or TYPE) and mail it to : **Causse Ear Clinic, 25<sup>th</sup> International Otology Course, 34440 Colomiers, France** or fax it to : **+33 4 67 35 62 00** or register on-line: [causse-otology-course.com/course2025](http://causse-otology-course.com/course2025) / Questions ?: [contact@cllnique-causse.com](mailto:contact@cllnique-causse.com)

First name..... Family/Last name.....

Address.....

..... City..... Zip/Postal code.....

Country..... Tel..... Fax.....

E-mail.....

### REGISTRATION FEE (Please tick the box)

**Scientific program**  450€ x.....person(s)  
(including lunches)  (non-EAONO members)

300 € x.....person(s)  
(Intern & Resident)

**Official dinner**  80 € x.....person(s)  
(July 4th)  (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: