



# 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 Colomblers, 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@clique-causse.com](mailto:contact@clique-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 diner**  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:**