



26th International Otology Course

Causse Ear Clinic

July 2-4, 2026

REGISTRATION FORM

Please fill this form (PRINT or TYPE) and mail it to : **Causse Ear Clinic, 26th International Otology Course, 34440 Colombiers, France** or email it to : **contact@clinique-causse.com** or fax it to **+33 4 67 35 62 00** or register on-line: **www.clinique-course.com/course2026** / Questions ? : **contact@clinique-causse.com**

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

Adress.....

.....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)

400 € x.....person(s)
(EAONO members)

Official diner 80 € x.....person(s)
(July 3rd) (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: