Plase send this application to :

FAX : +81-92-437-4182
or
e-mail : chole2012@c-linkage.co.jp

Application Form for Temporal Bone Dissection Courses

1 Please check your preferable date of the course

☐ June 4th, Monday ☐ June 5th, Tuesday ☐ June 6th, Wednesc

2 Tuition

☐ Delegate JPY65,000 ☐ Resident JPY50,000

3 Your glove size

☐ Small ☐ Mediun ☐ Large

4 Name

First | Mid. Initial | Last

5 Affiliation

6 E-mail

7 TEL | FAX

8 Mailing Address

9 Food restriction (if any)

10 Special needs (if any, please inform us in detail)

* Please register for the conference to apply for this Temporal Bone Dissection Course.
http://www.chole2012.jp/contents/registration.html
* You will receive the receipt and peyment information/method by e-mail within a week after submission of this application. Please contact the secretariat if you have not receive the receipt within a week after submitting this application.

Any question or comments?
Please contact the secretariat via e-mail at chole2012@c-linkage.co.jp .