

## Advanced Laparoscopy and Academic Debates

## والمال المالية

## Registration form

lame and surname:	
Address:	
City:	Postal code:
Email:	
Hospital:	
Address and city:	

Registration amount: 900 euros

Payment to: Fundació Clínic Bank name: CaixaBanc

Bank account: ES61 2100 5000 560200189184