



REGISTRATION FORM

M.D. Mrs Mr

First name: _____

Family name: _____

Title: _____

Profession: _____

Exercised therapy specifications: _____

Address: _____

Postal code : _____ City : _____

Country : _____

Office phone: _____

Mobile phone: _____

Email: _____

***Registers to the 10th International Symposium on Auriculotherapy
the 4th, 5th, 6th of June 2020 in Lyon (France)***

Standard fee (*registration after the 1st of January 2020*): 590 Euros

Retired non-active practitioner: 350 Euros

Student in medicine (younger than 25 years) 350 Euros
(*please enclose a copy of your student pass*):

Participation to the gala dinner: number of persons _____ 90 Euros / per person

Date, Place :

Signature :