



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 2021 in Lyon (France)***

Standard fee (*registration valid before the 1st of January 2021*): 590 Euros

Retired non-active practitioner: 350 Euros

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

Gala dinner registration, the 4th of June 2021 : number of persons _____
90 Euros / per person

Date, Place :

Signature :