

Title: Prof. Dr. Mr. Ms. Mrs.

Name: (Please write in BLOCK letters)

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Note: the name mentioned above will appear the same in the certificate of attendance.

Organization:

Address:

P.O. Box:

City:

Country:

Tel:

Fax:

E-mail:

A ■ Conference Fees

Conference Fee Before 31 May 2009 **US\$ 400** after 31 May 2009 **US\$ 500**

Total : A

B ■ Pre-Conference Course

US\$ 500

The fee will include daily lunch, coffee break and certificate of attendance.

Total : B

C ■ Work Shop Life Patients Fees

Workshop Fee (Each) US \$ 50

- Limited Number of Attendees (First come first serve).
- Please visit our website for workshop updates.

Total : C

D ■ Hotel Accommodation Fees

Category	Single	Double
<input type="checkbox"/> A (5*)	240 US\$ <input type="checkbox"/>	260 US\$ <input type="checkbox"/>
<input type="checkbox"/> B (5*)	220 US\$ <input type="checkbox"/>	240 US\$ <input type="checkbox"/>
<input type="checkbox"/> C (5*)	200 US\$ <input type="checkbox"/>	220 US\$ <input type="checkbox"/>

Booking Details :- Arrival date: 2009 Departure date: 2009 Number of Nights:
Rate per Night:

Total : D

Total of A, B, C & D US\$

Payment

Full Payment should be received before the corresponding deadline:

1. Bank Check Payable To

Misr2000 medical Conference (office located at 2 El-Gabal El-Akhdar Bldg, Nasr Road, Nasr City)

2. Bank Transfer To

Bank Name: BNP PARIBAS LE CAIRO Account Name: Misr2000 Medical Conferences
Account Number: 00036-080609-001-16 Swift Code: BNPAEGCXXX
Branch: Heliopolis Currency: US \$
And send a copy of the bank transfer by fax number: 002 02 23422549 attention Mr. Khaled Gado (Managing Director)