

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

Before 31 May 2010 US \$400 After May 2010 US \$500 On Site US \$550

Total A

(B) Pre- Conference Course

US \$500

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

Total B

(C) Workshop Life Patients Fees

Workshop Fee (Each) 50 US \$

- Limited Number of attendance (First come first serve).

- Please visit our website for workshop updates.

Total C

(D) Hotel Accommodation Fees

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

Booking Details: Arrival Date / / 2010 Departure Date / / 2010

Number of Night Rate per Night

Total D

(E) Anti-aging Program

Single Cabin 1850 US \$

Double Cabin 2500 US \$

Total A + B + C + D + E

US \$

Payment must be as following:

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 : NSGB

Swift code: NSGBEGCX

Acc. holder Name : Misr2000medical conference (Sharm Derma)

Acc.No:0037-0051-20310748253 USD-41

IBAN: EG45 0037 0051 203104825341

Currency : US \$

Swift code: NSGBEGCX

And send a copy of the bank transfer by fax number: 002 02 23422549

- Attention Mr. Khaled Gado (Managing Director)