



Second International conference of pathology Department

PARTICIPANT	Name	Surname	Gender	Male()	Female ()
	Institution	Position			
	Correspondence Address				
	City	Country			
	Phone ()	Fax ()	Email	@	

ACCOMMODATION AND REGISTRATION	Registration			<table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center; border-bottom: 1px solid black;">Total</td></tr> <tr><td style="text-align: center;">\$</td></tr> </table>	Total	\$
	Total					
	\$					
	Accommodation	Double Room (per person)	Single Room			
	Participant	\$ 90	\$ 80			
	Accompanying person	\$ 90	\$ 80			
	1 st Child (0-6 Years)	Free				
	1 st Child (7-12 Years)	50% Discount				
	2 nd Child (3-12 Years)	50% Discount				
	Registration	250 \$				
Type of Participation	Participant Without Abstract	Oral Presentation	Poster			
	\$ 125	\$ 150	\$ 150			

Child reduction will be valid only if they stay in the same room with two adults.

Services included to registration and accommodation fee;

Payment Details	Bank Transfer				
	Account Holder	Iman Bakr Mohamed Khedr Shaheed	Swift code	NBEGEGCX185	Account Number 36000533852
	Bank Name	National Bank of Egypt,	Branch Name	Mosadak branch	Address of Bank 3&5 Mosadak street , Dokki ,Giza

I transfer \$ / / 2015

(The payment transfer document is enclosed)

Date..... Signature.....

Cancel
Cancellation both for the accommodation and registration until 1 March 2015 will be refund of 50% of the fee, Cancellation after this date won't refund , All refunds will be processed at the congress

Cancel Type	Late Cancel	Refund Detail
Early Cancel	1 March 2015&Before	50% refund
Late Cancel	15 March 2015&After	No refund

This form should be faxed or emailed to one of the following:

Cairo University Faculty of Veterinary Medicine Pathology Department

Tel: + 02-01223779103

email: imanshaheed@yahoo.com
Tawfik.aboellail@colostate.edu

Fax:+ 02- 35725240
Fax:+970-297-0320