



**Mansoura HoLEP masterclass**  
**(November 9<sup>th</sup> and 10<sup>th</sup> 2024)**  
**Urology & Nephrology Center, Mansoura University**



**Registration Form**

Professional title: .....

First name: .....

Family name: .....

Mailing address: .....

City: .....

Country: .....

Email: .....

Fax: .....

Tel.: (WhatsApp contact is preferable): .....

**Registration fees:**

**For Egyptians 5000 LE (No accommodation)**

**For non-Egyptians 1000 US\$ (Accommodation 2 nights is included)**

- **Package includes**
  - Transportation to & from airport
  - Attendance of live surgery
  - Participate in the hands-on activity
  - Attendance of state of the art lectures
  - Lunch and dinner
  - Coffee breaks
  - Course bag and certificate

Date of arrival :     /     /

Date of departure:   /   /

**Method of payment:**

- **Bank Transfer:**

Mansoura urology and nephrology center - Egypt.  
Bank Identifier Code: CIBEEGCX015.  
Bank name: Commercial International Bank Egypt SA.  
The beneficiary IBAN / Account number:  
IBAN: EG720010001500000100007997878 for US\$  
IBAN: EG720010001500000100005624686 for EGP

**Please fill in this form and resend it by fax or by email.**

**Mailing Address:**

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**Professor of Urology**  
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**Mansoura University**  
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