



# 3<sup>rd</sup> International Pediatric Urology Workshop October 6<sup>th</sup> - 9<sup>th</sup>, 2024



## Registration Form

Professional title: .....

First name: .....

Family name: .....

Mailing address: .....

City: .....

Country: .....

Email .....

Fax: .....

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

Registration fee: 1500 \$ (Non-Egyptians)

5000 L.E (Egyptian in house)

Hotel Reservation: ON YOUR OWN

| Marshal El-Gazera Hotel | for Egyptian   |                          | for Non Egyptian |                          |
|-------------------------|----------------|--------------------------|------------------|--------------------------|
| Room: Single            | 800 L.E /Night | <input type="checkbox"/> | 58 \$ /Night     | <input type="checkbox"/> |
| Double                  | 950 L.E /Night | <input type="checkbox"/> | 75 \$ /Night     | <input type="checkbox"/> |

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

- Cash payment on site:

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

### Mailing Address:

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