



**21<sup>st</sup> International Training Course on  
Uro-Laparoscopy  
16-19 September, 2018**



Please fill in this form and send it back by fax or E-mail.

**Registration Form**

Professional title: .....

First name: .....

Family name: .....

Address: .....

City: .....

Country: .....

Email: .....

Fax: .....

Tel.: .....

Registration fee: 1000 \$ (International)   
2500 L.E (Egyptian)

**Hotel Reservation:**

1- Marshal El-Gazera Hotel		<b>For Egyptian</b>	<b>For Non Egyptian</b>
Room: Single		320 L.E /Night <input type="checkbox"/>	980 L.E /Night <input type="checkbox"/>
Double		425 L.E /Night <input type="checkbox"/>	1210 L.E /Night <input type="checkbox"/>

2- Ramada Hotel			
Room: Single		310 L.E /Night <input type="checkbox"/>	65 \$ /Night <input type="checkbox"/>
Double		385 L.E /Night <input type="checkbox"/>	80 \$ /Night <input type="checkbox"/>

Date of arrival : / /  
Date of departure : / /  
Number of rooms :

**Method of payment:**

- **Bank Transfer:**   
To Commercial International Bank (Mansoura Branch): CIBEEGCX015  
Account number: 1585301037
- **Cash payment on site:**

**Mailing Address:**

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