



## 15<sup>th</sup> International Training Course On Invasive Bladder Cancer and Urinary Diversion Techniques.

## **Registration Form** First name: Family name: Mailing address: City Country: Professional title: Email ..... **Fax:** ..... **Method of payment: Registration fee: 1200 \$ (International)** 3000 L.E (Egyptian) • Bank Transfer: (Commercial International Bank) (Mansoura Branch): CIBEEGCX015 1585301037 Account number: • Payable check to: Urology & Nephrology Center – bladder cancer training course.

## **Hotel Reservation:**

Date	of arrival:	/ /
Date of departure: / / Number of accompanying persons:		
Rooms for 1	Foreigners:	
	Single	433L.E / Night
	<b>Double</b>	608 L.E/ Night
Rooms for 1	Egyptians:	
	Single	242 L.E / Night
	<b>Double</b>	355 L.E/ Night
2- Ramada Ho	tel	
Room:	Single	90 \$ /Night
	Double	110 \$ /Night
Pleas	se fill in this	form and send it
back	by fax.	
<u>Mail</u>	ing Address	S:
Hass	an Abol-Enei	in MD PhD
<b>Urology &amp; Nephrology Center</b>		
Mansoura University		
Man	soura - Egyp	t
Fax:	002050 2202	717
Tel:	002050 2262	222
E-m	ail: hassanabo	olenein@hotmail.com

Dead time for registration: 1st March, 2017

ahmedmansour1st@hotmail.com