Mansoura
4th Pediatric Urology Workshop
November 23rd -26th ,2025

Registration Form

Professional title: .....

First name: .....

Family name: .....

Mailing address: .....

City: .....

Country: .....

Email .....

Fax: .....

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

Registration fee:	**1000 $ (Non-Egyptians)**	☐
Extra fee for Hands-on Training:	**500 $ (Non-Egyptians)**	☐
	5000 L.E (Egyptian in house)	☐
Extra fee for Hands-on Training:	**3000 L.E (Egyptian in house)**	☐

Hotel Reservation: ON YOUR OWN

Marshal El-Gazera Hotel		**for Egyptian**		**for Non Egyptian**	
Room:	**Single**	**1200 L.E /Night**	☐	**55 $ /Night**	☐
	Double	**1850 L.E /Night**	☐	**75 $ /Night**	☐

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
- **Instapay:** ☐
  100005624686 CIB حساب المركز ببنك
- **Cash payment on site**: ☐

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

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