Mansoura AEEP Masterclass
(December 6th and 7th 2025)
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 6000 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
- **Instapay:**
  100005624686 CIB حساب المركز ببنك

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

Mailing Address:

Prof. Ahmed Elshal, MD
Professor of Urology
Urology & Nephrology Center
Mansoura University
Mansoura - Egypt
Fax: 002050 2202717
Tel: 002050 2202222
Email: mansoura.endo.academy@gmail.com, unc@mans.edu.eg
WhatsApp: +201001855490 / +201090295457