Minimally Invasive Pediatric Urology Workshop

April 22nd : 24th, 2025

Registration Form

Professional title: .....

First name: .....

Family name: .....

Mailing address: .....

City: .....

Country: .....

Email .....

Fax: .....

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

Registration fee: **500 $ (Non-Egyptians)** ☐

5000 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

- **Cash payment on site**: ☐

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

Mailing Address:
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