



**Mansoura HoLEP Masterclass**  
**(April 19<sup>th</sup> and 20<sup>th</sup> 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     حساب المركز ببنك CIB

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

**Mailing Address:**

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Mansoura - Egypt

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