

Registration Form

**The 5th International Conference of
The Arab Society for Medical Research
September, 28 – 31th 2016, Sharm El Sheikh, Egypt**

Name:

Affiliation:

Address:

Country:

Phone: **Fax:**

E-mail:

I want to present: Oral [] Poster [] Accompanied person []

Registration Fees:

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	Egyptian	Non-Egyptian
ASMR member/accompanied person	1000/1100 L.E.	500 USD
Non-Member/accompanied person	1300/1200 L.E.	550 USD
Children: 6 - 12 years	50 % from the adult	

- Conference fees include conference abstract registration, local transportation, accommodation for 3 nights/4 days (from 28 -31 October) in double rooms in Dreams Vacation Sharm El Sheikh (5 stars), based on Soft All Inclusive basis (Breakfast, lunch, Dinner, snacks & Drinks).
- For single room 900 L.E. for Egyptian and 150 USA for Non Egyptian will be added to the conference fees.
- Children up to 12 years old sharing parents' room without extra bed (maximum 2 children per room).
- For interested companies 4000 L.E. without paper and 5000 L.E. with paper

For non-Egyptians

- Direct Airplane to Sharm El Sheikh Airport-Egypt is recommended.
- Arrival date to Sharm El Sheikh Airport:
- Departure date from Sharm El Sheikh Airport:

I enclosed with this form:

- The abstract (or as attachment file).
- Amount of payment: [] L.E. [] USD, by: Cheque [] Cash [] Bank transfer []

Ways of payment:

- Cheque or Cash: The Arab Society for Medical Research, National Research Centre, Dokki, Cairo, Egypt.
- Bank transfer: Arab African International Bank, NRC- Branch, Swift code: ARAIEG CX, Account No. 548254.

Please send the registration form accompanied with the payment confirmation to the Conference Organizing Committee by fax: 00202 37494783 or via the conference E-mail: society_arab@yahoo.com.

Date: **Signature**