

# Registration Form

**The 6<sup>th</sup> International Conference of  
The Arab Society for Medical Research  
Luxor Government - Egypt  
February 20 – 24<sup>th</sup>, 2018**

Name: .....

Affiliation: .....

Address: .....

Country: .....

Mobile:..... Tel/Fax: .....

E-mail: .....

I want to present: Oral [ ] Poster [ ] Attendance [ ]

**Registration Fees:**

	<b>*Abstract</b> (Up to 20 Jan. 2018)	<b>Attendance</b> (Up to 1 Feb. 2018)
ASMR Member/ Accompanied person	<b>1200/ 1300 L.E.</b>	<b>1500 L.E.</b>
Non-Member/ Accompanied person	<b>1300/ 1400 L.E.</b>	<b>1600 L.E.</b>
Non-Egyptian/ Accompanied person	<b>275/ 300 USD</b>	<b>350 USD</b>
Children: 6-12 years	<b>50 % from the adult</b>	

\*Registration with abstract has been supported

- Conference fees include: conference abstract registration, local transportation at Luxor, accommodation for 4 nights/5 days (from 20 - 24 February) in double room in Eatabe-Luxor Hotel (4 stars), based on half-board accommodation (Breakfast & Dinner), and Coffee break during scientific session.
- For transportation from Cairo to Luxor and return 400 L.E. (VIP first class train) or 600 L.E. (sleeping cabinet train) will be added per person.
- For single room 700 L.E. for Egyptian and 50 USD for Non Egyptian will be added to the conference fees.
- Children up to 6 years old sharing parents' room without extra bed (maximum 2 children per room).
- Social activities (Optional, require additional fees) will include visiting Luxor and Karnak Temples, sound & light show, and a journey to the west bank.

**For Non-Egyptians**

- Direct flight to Luxor Airport-Egypt is recommended.
- Arrival date to Luxor Airport: .....
- Departure date from Luxor Airport: .....
- N.B. The extra night than 20 - 24 February, will be charged as 50 USD/night

**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: The Arab Society for Medical Research, Arab African International Bank, NRC-Branch, Swift code: ARAIEGCX, 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 .....