**Second International conference of pathology Department**

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| **PARTICIPANT** | Name Surname Gender Male( ) Female ( ) |
| Institution Position |
| Correspondence Address |
| City Country |
| Phone ( ) Fax ( ) Email @ |

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| **ACCOMMODATION AND REGISTRATION** |  | **Registration** | | | |
| Accommodation | Double Room (per person) | Single Room | | |
| Participant | 90 $ | 80 $ | | |
| Accompanying person | 90 $ | 80$ | | |
| 1st Child (0-6 Years) | Free | | | |
| 1st Child (7-12 Years) | 50% Discount | | | |
| 2ndChild (3-12 Years) | 50% Discount | | | |
| Registration | 250 $ | | | |
| Type of Participation | ِParticipant Without Abstract | | ِOral Presentation | ِ Poster |
| L.E. 400 | | L.E. 500 | L.E. 500 |
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| --- |
| Total  ­­  $ |

Child reduction will be valid only if they stay in the same room with two adults.

**Services included to registration and accommodation fee;**

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| **Payment Details** |  | Bank Transfer   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Account Holder | Iman Bakr Mohamed Khedr Shaheed | Swift code | NBEGEGCX185 | Account Number | 36000533852 | | Bank Name | National Bank of Egypt, | Branch Name | Mosadak branch | Address of Bank | 3&5 Mosadak street , Dokki ,Giza | |
| I transfer …………. $ ………. / ………/ 2015 |
| (The payment transfer document is enclosed) Date………………… Signature……………. |

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| **Cancel** |  | Cancellation both for the accommodation and registration until 1 March 2015 will be refund of 50% of the fee, Cancellation after this date won't refund , All refunds will be processed at the congress | |  |  |  | | --- | --- | --- | | Cancel Type | Late Cancel | Refund Detail | | Early Cancel | 1 March 2015&Before | 50% refund | | Late Cancel | 15 March 2015&After | No refund | |

This form should be faxed or emailed to Congress Secretariat

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Cairo University Faculty of Veterinary Medicine Pathology Department

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<http://www.pathology-cairo-conference.org/>