

REGISTRATION FORM
The 50th Annual Congress
of
The Egyptian Urological Association
Nov.30-Dec.4, 2015
Cairo, Egypt

For Office Use Only

Reg. No.
 EUA ID No.:
 By
 Date

PLEASE COMPLETE AND RETURN THIS FORM ALONG WITH YOUR PAYMENT TO:

EUA OFFICE, Congress Secretariat
 33 Ramsis St., Marouf Tower (B), Floor 14, Cairo 11111, Egypt

Phone: ++20-2-25776717 or ++20-2-25780588
 Fax: ++20-2-25780588
 Email: info@uro-egypt.com
 Website : www.uro-egypt.com

Please TYPE or PRINT in BLOCK letters.

EUA MEMBER NON-MEMBER RESIDENT

Last Name : First Name:.....
 Title: Prof. Dr. Mr Mrs Ms

Department: Institution:

City : Country :

Mailing Address:

No. : Street:.....

City: Country:

Phone: Fax:

Email.....

ACCOMPANYING PERSON(S)*

Last Name: First Name:.....

Last Name: First Name:.....

- **Accompanying persons are not entitled to attend scientific sessions**

Registration Fees

	Early: before July 15	Late: before October 15	*On Site: after October 15	Payment in	
				L.E.	USD
EUA Member	L.E. 500	L.E. 600	L.E. 800		
Non-Member	L.E. 700	L.E. 800	L.E. 1000		
Resident**	Free	L.E. 150	L.E. 250		
Non Egyptian	USD 400	USD 450	USD 500		
Accompanying person	L.E. 500	L.E. 600	L.E. 800		

The above registration fees are discounted fees for those who made their hotel reservation through our office; else the registration fees will be twice the above rates.

- *All registrations received after October 15, 2015 will be considered onsite registrations.
- ** Max.30 years old. A letter from the hospital has to be attached to this registration form.
- **Note: No personal cheques are accepted**

Registration fee includes:

- Conference kits
- Welcome reception
- Coffee Breaks
- Admittance to scientific sessions.
- Certificates of attendance.
- Admittance to exhibition.
- Lunch

Accompanying persons fee includes:

- Welcome Reception
- Lunch
- Admittance to exhibition.

Signature:.....

Date:.....

ACCOMMODATION FORM

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Last Name : First Name:.....

Title: Prof. Dr. Mr Mrs Ms

Department: Institution:

City : Country :

Mailing Address:

No. : Street :.....
City: Country:
Phone: Fax:
Email.....

ACCOMPANYING PERSON(S)

Last Name: First Name:.....
Last Name: First Name:.....
Arrival Date: Departure Date:.....

Hotels

Hotel Name	Single Room		Double Room		Payment in	
	Egyptian	Non-Egyptian	Egyptian	Non-Egyptian	L.E.	USD
Intercontinental city stars Cairo (****) Standard room	L.E.990	USD175	L.E.590	USD 110		
Holiday Inn City Stars (****) Standard room Superior room	L.E.800 L.E.920	USD 140 USD 160	L.E.450 L.E.510	USD 90 USD 100		

The above rates are per person per night based on (B.B) (bed and breakfast).
Accommodation and registration forms should be sent to the Association.
Congress Venue

Prices in Dollars for outside Egypt reservation

Signature:.....

Date:.....

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استمارة تسجيل

لحضور المؤتمر السنوي رقم ٥٠ للجمعية المصرية لجراحي المسالك البولية القاهرة ٣٠ نوفمبر - ٤ ديسمبر ٢٠١٥

ترسل الاستمارة مع قيمة الاشتراك إلى :

ت: ٢٥٧٧٦٧١٧ (٢٠٢) - ٢٥٧٨٠٥٨٨ (٢٠٢)

فاكس: ٢٥٧٨٠٥٨٨ (٢٠٢)

بريد إلكتروني: info@uro-egypt.com

Website : www.uro-egypt.com

مقر الجمعية - سكرتارية المؤتمر

٣٣ ش رمسيس - برج معروف (ب) - الدور ١٤

القاهرة ١١١١١ - جمهورية مصر العربية .

الاسم بالكامل:

Name:

الاسم باللغة الإنجليزية كما سيظهر في البادج

عنوان المراسلات:

تليفون: منزل: عمل: محمول:

E-Mail:

عضو الجمعية : (يلزم تسديد الاشتراكات حتى عام ٢٠١٥) غير عضو: (يلزم تسديد اشتراك المؤتمر) طبيب مقيم (يلزم شهادة معتمدة من مدير المستشفى)

عدد المرافقين: أسمائهم: ١- ٢- ٣- ٤- ٥-

رسم الاشتراك :

بعد ١٥ أكتوبر	قبل ١٥ أكتوبر	قبل ١ أغسطس	
٨٠٠ جنيه	٦٠٠ جنيه	٥٠٠ جنيه	عضو الجمعية
١٠٠٠ جنيه	٨٠٠ جنيه	٧٠٠ جنيه	غير العضو
٥٠٠ دولار	٤٥٠ دولار	٤٠٠ دولار	غير المصري
٢٥٠ جنيه	١٥٠ جنيه	-----	طبيب مقيم
٨٠٠ جنيه	٦٠٠ جنيه	٥٠٠ جنيه	مرافق

دفع الاشتراك إما نقداً أو بشيك مصرفي أو بشيك من هيئة حكومية باسم:

المؤتمر السنوي للجمعية المصرية لجراحي المسالك البولية

لا تقبل أي حوالات أو شيكات بريدية أو شيكات شخصية.

التوقيع:

التاريخ:

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Date

50th Annual Meeting
of
The Egyptian Urological Association

Nov.30-Dec.4, 2015

Cairo, Egypt

Deadline for Submission of Abstract: July 15,2015

Mail abstract to:
EUA OFFICE
33 Ramsis Tower (B), Floor 14
Apt.146, Cairo, EGYPT
E-mail: info@uro-egypt.com
Website : www.uro-egypt.com

OFFICIAL ABSTRACT FORM –PLEASE FILL IN CAREFULLY

TITLE IN ALL CAPS

Author's name
Institution
City, Country

Begin Text

1 USE THIS ORIGINAL FORM FOR YOUR SUBMISSION

2 An Original and two (2) copies of each abstract must be submitted.

3 Abstract must be typed and must accurately and clearly reflect the contents of the completed paper.

4 Title to be all caps. Author's name to be in initial caps. Institution, City, state to be in initial Caps. The abstract MUST identify the authors and Institution from which the abstract is submitted.

5 Use single spacing and don't indent paragraphs

6 The complete abstract must not exceed the rectangular frame.

7 Mail form and 2 copies in flat envelope. DO NOT FOLD. Abstract must be received in the congress office by July 15,2015

8 For video presentations , a final edited CD should be submitted with the abstract

9 Video presentation shouldn't exceed 8 minutes.

ADDRESS CORRESPONDENCE TO:

Please tick in the box

Oral Presentation

Poster Presentation

Video

Format:

Minutes:

Topic #:.....

Name :.....

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Note: please send us a copy of your abstract by e-mail to: info@uro-egypt.com