

Registration Form

The 3rd International Conference of
The Arab Society for Medical Research
National Medical Research Centre
Al-Zawia - Libya
October, 12 - 14th, 2010

Name:
Affiliation:
Address:
Nationality:
Phone: Fax:
E-mail:

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

Registration Fees:

	Abstract/Attendance	Full Article
ASMR member	50 USD	200 USD
Non-Member	75 USD	250 USD
Student/Young researcher/Nurse	50 USD	200 USD

Accommodation:

Hotels	Al-Zawia Youth Hostel www.libyahihostels.com	Al Borg Tourism Hotel *** (In Al-Zawia)	Bab Al-Bahar Hotel ***** (In Tripoli)
Single room	-	200 USD	420 USD
Double room	-	260 USD	510 USD
Triple room	60 USD	-	-

For non-Libyans:

- Arrival date to Tripoli:
- Departure date:

I enclosed with this form:

- The abstract and/or full article and a CD (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.
- National Medical Research Centre, Al-Zawia, Libya, Tel. (+ 218) 23 7626090.

Bank and transfer: Arab African International Bank – Cairo - Egypt, NRC- Branch, Swift code: ARAIEGCX, Account No. 548254.

Please send the registration form accompanied with the payment confirmation to the Organizing Committee via E-mail: asmrconf2010@yahoo.com.

Date:
Signature: