

The 9<sup>th</sup> Congress of the Lebanese Urology Society  
**September 29 – October 1, 2016**  
**Hilton Habtoor Hotel, Beirut - Lebanon**

**Please send this form to** INFOMED International for Events s.a.r.l  
Tel: +961 1 510881/2/3 Fax: +961 1 482116  
E-mail: [nancyhatem@infomedweb.com](mailto:nancyhatem@infomedweb.com)

P.O.Box: 90-361 Beirut, Lebanon

**Registration & Hotel Reservation Form**

**1 Personal Data**

Mr.       Mrs.       Ms.       Dr.       Pr.

- Last name (Family name) .....
- First name (Given name) .....
- Address .....
- Postal / Zip code City .....      • City .....
- State / Province Country.....      • Country.....
- Telephone Fax.....      • Fax .....
- E-mail (compulsory field) .....
- Your specialization is (mandatory to process your application): .....
- Hospital .....

**2 Registration Fees**

- Foreigner participants      **\$300**
- Residents, students and Nurses      **FREE**

**Rates are subject to 10% VAT**

**N.B:** Registration fees include access to scientific sessions, Hands-On workshop (*on first come first served basis*), congress printing materials, lunches and coffee breaks during the congress.

## SGL

## DBL

**Hilton Habtoor (5\*)**  
(Congress Venue)

Deluxe Room \$195

Deluxe Room \$220

Single

Double

Twin - Bedded

Date of Arrival

Time

Flight

Date of Departure

Time

Flight

**Rates are offered on Bed & Breakfast Basis, subject to 10% VAT**

Transfer with Meet & Assist and drop off: **77 US \$** / per person

nbr of persons

Total

**TOTAL AMOUNT**

**BANK TRANSFER**

**Account name:** Infomed International for Events S.A.R.L

**Bank Name:** Bank Beirut

**Bank Address:** Horch Tabet Branch

**USD A/C:** 11-401-442760-00

**IBAN #** LB89 0075 0000 0001 1401 4427 6000

**Chips UID:** CH 015040

**SWIFT related to Bank of Beirut S.A.L is:** BABELBBE

Visa

Master Card

Card No:

Exp. Date:

Identification ALPHABETICAL Letter