

**The 2<sup>nd</sup> ISUOG  
Advanced Course 2019 and 3D Ultrasound Workshop  
April 26 – 28, 2019 at Le Royal Hotel - Lebanon**

Please send this form to INFOMED International for Events s.a.r.l

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

Tel: +961 1 510881/2/3 Fax: +961 1 482116

E-mail: [elysem@infomedweb.com](mailto:elysem@infomedweb.com)

**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): .....
- Year of Practice: .....
- Hospital .....
- 

**2 Registration Fees**

<u>I- Course on April 26 and 27:</u>	<u>Early Bird (Till March 30)</u>	<u>Late Registration &amp; Onsite</u>
• Lebanese and International Physicians	\$150	\$200
• Residents, Interns, Students and Midwives	\$75	\$100
 <u>I- Workshop on April 28:</u>		
• Physicians (Registration required – Limited Places)	\$100	
• Midwives, Midwives Students, Interns and Students	\$75	

**Rates are subject to 11% VAT**

3

Hotel Accommodation

SINGLE / DOUBLE

Le Royal Hotel (5\*)  
(Congress Venue)

Standard	160\$
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Single

Double

Twin - Bedded

Date of Arrival  Time  Flight

Date of Departure  Time  Flight

Rates are offered on Bed & Breakfast Basis, subject to 11% VAT

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

4

Method of Payment

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**