Conference registration form

Title (Prof./Dr./Mr./Ms.) : _____

Name: _____ _____
First Name Family Name

Position: _____

Affiliation: _____

Mailing Address: _____

_____ Country: _____

Phone: _____ Fax: _____ E-mail: _____

Name(s) of Accompanying Person(s) (not participating in scientific program):

_____ _____
First Name Family Name

_____ _____
First Name Family Name

Registration Fees

Participant……..……. $ 500. Accompanying person…… $ 450.

(The fees include full accommodation during the conference, printed materials, sightseeing and bus transportation from and back to Cairo.)

Registration Fee

Active Participant $500 X No. of Participant = _____ US $

Accompanying Person $450 X No. of Accompanying Person = _____ US $

Total Amount _____ US $

Payments options:

- Bank transfer: (to Misr Bank, Dokki branch, Cairo, Account no. 1803/120/135. (Egyptian Corrosion Society), at least one month before conference date. http://www.banquemisr.com/English/home.aspx

Name of Your Bank: _____

Date of Payment: _____

- Or on arrival, at registration desk, in cash. Please check here if you will pay in cash on arrival ☐

Please complete and send this form to the following address.

Prof. Ibrahim Zaki Selim

Conference Secretary General

National Research Center, Cairo, Egypt .

Fax : +202 3586 2155 , Tel : +20101972775

email : **info@egycorr.org**