

# REGISTRATION FORM – MAIN PROGRAM – MEFS2011

**Book in the Anastasia Travel Housing Block and save €100 off Registration fees!**

## 1. PARTICIPANTS DETAILS

**Tick one only**

Scientist     Clinician     Lab. Technician     Nurse     Student     Other

**Title:**  Ms     Mrs     Mr     Dr     Prof.     Prof. Dr.

(Tick one only)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

P.O.Box: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_

(Communication by email is preferred)

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

(Country code/city code/number)

(Country code/city code/number)

## 2. INVOICING ADDRESS

**(COMPLETE ONLY IF INVOICING ADDRESS IS DIFFERENT FROM PARTICIPANT'S ADDRESS)**

**Please note that registrations have to be accompanied by appropriate payment.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

P.O.Box: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_

(Communication by email is preferred)

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

(Country code/city code/number)

(Country code/city code/number)

## 3. ANNUAL MEETING REGISTRATION (Please tick one)

*Fees quoted in EURO includes lunches and coffee breaks*

Join now and register at the member rate.  Membership form attached     Membership form sent to MEFS

**A. Registration for main program only: Fees quoted below are for participation in the main program on 17 & 18 November ONLY, and do not include participation in any of the pre-congress courses!**

	Member of MEFS	Non-Member of MEFS	Student or Paramedical member of MEFS	Student or Paramedical non-member of MEFS
Before September 15	€ 250	€ 300	€ 200	€ 230
After September 15	€ 270	€ 320	€ 220	€ 250
After October 30	€ 300	€ 350	€ 250	€ 280

### B. Membership

Active:  € 60

Associate:  € 40

**C. ACCOMPANYING PERSON (S)**

Euro 50 x \_\_\_\_\_ number of accompanying persons= \_\_\_\_\_€

Name + First name of accompanying person\_\_\_\_\_

**The opening ceremony is included in the registration fees. However, registration is compulsory. 1 ticket per registered participant and 1 ticket per registered accompanying person.**

**Total registration fees: Total A+B+C= €\_\_\_\_\_**

**4. PAYMENT**

*Payment in Euro should be made in advance by one of the following:*

I have made a bank transfer for the amount of \_\_\_\_\_ Euro on MEFS accounts n°.

*Please remit the total amount due to our MEFS Account:*

**BYBLOS BANK**

**SWIFT CODE : BYBALBBX**

**BRANCH: ANTELIAS, BEIRUT- LEBANON**

**ACCOUNT NAME: MIDDLE EAST FERTILITY SOCIETY**

**ACCOUNTNUMBER: 310-2961996-002**

**IBAN: LB 1500 39 0000000 3102961996002**

*All Charges due on Bank Transfers have to be paid by the sender. (Kindly fax a copy of the bank transfer)*

I would like to pay with credit card. Please complete the following information

As a guarantee, I authorize MEFS to charge the above mentioned booking on the following credit card (kindly fax the recto-verso photocopy of your credit card)

VISA

American Express

Master Card

Card number: \_\_\_\_\_ Expiration Dates: \_\_\_\_\_  
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Name of cardholder (print) as it appears on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Cardholder signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT NOTICE!**

**"Student" applies to undergraduate, graduate and medical students, residents and post-doctoral research trainees.**

**"Paramedical" applies to support personnel working in a routine environment such as nurses and laboratory technicians.**

**Registrations for student and paramedical must be accompanied by a letter from the Head of the Department to prove their status. Registrations without accompanying letter will not be accepted and subsequently low fees will not be validated. When letters certifying student or paramedical status are sent after the 15 September deadline, late fees will be applicable even when registration forms are received before the deadline.**

**COMPLETED AND SIGNED REGISTRATION FORM MUST BE SENT TO:**

**MEFS 2011 Congress Secretariat**

**P.O. Box 167220 Achrafieh, Beirut -Lebanon**

**Tel/Fax No.: 961-1-610400/612400, email: registration@mefs.org**