



ISC International Conference EMERGING ZONOTIC DISEASES

Cairo, Egypt, 14 – 17 October 2009



Registration Form

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Department: _____ Position: _____

Address: _____ City: _____

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e-mail: _____

(very important)

Registration Fees: 200 \$ Full Registration
200 LE Reduced Registration
(Reduced Registration for Egyptian participants only (excl. lunch))

Please reserve a room for me at the Sheraton Hotel, Towers & Casino:

Arrival Date _____ Departure Date _____

single room 265 \$ incl. breakfast Extras: _____ (please specify)

double room 280 \$ incl. breakfast

I wish to pay via creditcard:

Mastercard American Express Visa

Credit card holder: _____

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Valid to: _____

After we receive your registration, we will send you a confirmation and an invoice by e-mail. If your credit card details are stated, we will charge this card. Otherwise we ask you to transfer the registration fee and, if applicable, the hotel fee immediately to the account of KelCon, which is mentioned on the invoice. Please note that all bank charges has to go to the account of the payer.

Send Registration Form to:

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