

# MEFS 2019- REGISTRATION FORM

COMPLETED AND SIGNED REGISTRATION FORM MUST BE SENT TO:

MEFS 2019 Congress Secretariat

P.O. Box 167220 Achrafieh, Beirut –Lebanon, Tel/Fax No.: 961-1-610400/612400,

email: [registration@mefs.org](mailto:registration@mefs.org)



## PARTICIPANTS DETAILS

Scientist     Clinician     Lab. Technician     Nurse     Student     Other  
**Title:**  Ms     Mrs     Mr     Dr     Prof.     Prof. Dr.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Country of Residency: \_\_\_\_\_,    mobile :: \_\_\_\_\_  
 Email: \_\_\_\_\_,    Sponsor :: \_\_\_\_\_

### 1. 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 ONLY, and do not include participation in any of the pre-congress courses or Dinner!**

	Before July 15	After July 15	Onsite apply as of October 15
Member of MEFS	Euro 350	Euro 400	Euro 450
Non-Member of MEFS	Euro 400	Euro 450	Euro 500

**B. Membership**     Euro 50  
**C. Accompanying Person (S)**     Euro 120    x \_\_\_\_\_ number of accompanying persons= \_\_\_\_\_ €

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= € \_\_\_\_\_**

**PLEASE NOTE THAT REGISTRATIONS HAVE TO BE ACCOMPANIED BY APPROPRIATE PAYMENT**

### 2. PAYMENT

Payment in Euro should be made in advance by one of the following: (Kindly send a copy of the bank transfer)  
 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: **All Charges due on Bank Transfers have to be paid by the sender.**

**BYBLOS BANK**  
**SWIFT CODE: BYBALBBX**  
**BRANCH: ANELIAS, BEIRUT- LEBANON**  
**ACCOUNT NAME: MIDDLE EAST FERTILITY SOCIETY**  
**ACCOUNTNUMBER: 310-2961996-002**  
**IBAN: LB 1500 39 0000000 3102961996002**

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  
 visa card     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: \_\_\_\_\_