



COMPLETED REGISTRATION FORM MUST BE SENT TO: MEFS2021 Management, Tel No.: + 961-3-133600 -
Email:registration@mefs.org

PARTICIPANTS DETAILS

Tick one only Scientist Clinician Lab. Technician Nurse Student Other
Title: Ms Mrs Mr Dr Prof. Prof. Dr.

Last Name: _____ First Name: _____

Father Name: _____ Date of Birth: _____ Nationality : _____

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 September 1	After September 1	before November 15
Member of MEFS	Euro 350	Euro 400	Euro 450
Non-Member of MEFS	Euro 400	Euro 450	Euro 500

B. Membership Euro 60

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 bank transfer to our MEFS Account below (Kindly send a copy of the bank transfer)- All Charges due on Bank Transfers have to be paid by the sender.

ROYAL BANK OF CANADA
BRANCH: LES GALERIES NORMANDIE BR
2560 DE SALABERRY ST MONTREAL, QC,
CANADA H3M1L3
ACCOUNT: 03221-003-400192-1
SWIFT CODE: ROYCCAT2
IBAN: CA 003



MiddleEast Fertility Society, Achrafieh P.O.Box 167220, Beirut Lebanon, Mobile: + 961-3-133600 - Email:mefs@mefs.org
Reg Nb 57/AD dated 31/10/92

Middle East Fertility Society, 9580 Boulevard De L' Acadie, Suite 220, Montreal, Qc , Canada H4N1L8
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