

**ASCO – SEMCO Education Conference**  
**5 – 6 April 2007, Cairo, Egypt**

<b>INDIVIDUAL REGISTRATION FORM</b>	Fill and Fax to: SEMCO Secretariat + (20) (2) 5328286 Or email to: atef.badran@gmail.com
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**Pre-registration deadline: 15<sup>th</sup> March 2007**

**Participant**

*Title	<input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms
*Family name	<input type="text"/>
*First name	<input type="text"/>
*Institution/company	<input type="text"/>
*Department	<input type="text"/>
*Address	<input type="text"/>
*Postal code	<input type="text"/>
*City	<input type="text"/>
*Country	<input type="text"/>
*International telephone	<input type="text"/>
*International fax	<input type="text"/>
*E-mail	<input type="text"/>

**Accompanying person**

*Title	<input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms
*Family name	<input type="text"/>
*First name	<input type="text"/>

**Specialty**

<input type="checkbox"/> Basic research	<input type="checkbox"/> Medical Oncology	<input type="checkbox"/> Surgical Oncology	<input type="checkbox"/> Radiotherapy
<input type="checkbox"/> Clinical Oncology	<input type="checkbox"/> Pediatric Oncology	<input type="checkbox"/> Biostatistics	<input type="checkbox"/> Radiodiagnostics
<input type="checkbox"/> Clinical Pathology	<input type="checkbox"/> General Surgery	<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Nursing Oncology
<input type="checkbox"/> Gynecology	<input type="checkbox"/> Urology	<input type="checkbox"/> Preventive Medicine	<input type="checkbox"/> Hematology
<input type="checkbox"/> Clinical Pathology	<input type="checkbox"/> Cancer Pain treatment	<input type="checkbox"/> Other .....	

**Registration fees**

<i>Please tick the appropriate</i>	<b>Egyptian</b>	<b>Non-Egyptian</b>
Resident	<input type="checkbox"/> 200 L.E.	<input type="checkbox"/> 200 USD
Assistant lecturer	<input type="checkbox"/> 200 L.E.	<input type="checkbox"/> 200 USD
Lecture	<input type="checkbox"/> 300 L.E.	<input type="checkbox"/> 400 USD
Assistant Prof.	<input type="checkbox"/> 300 L.E.	<input type="checkbox"/> 400 USD
Professor	<input type="checkbox"/> 500 L.E.	<input type="checkbox"/> 600 USD
Specialist	<input type="checkbox"/> 300 L.E.	<input type="checkbox"/> 400 USD
Consultant	<input type="checkbox"/> 500 L.E.	<input type="checkbox"/> 600 USD

**Visit**

<input type="checkbox"/> National Cancer Institute	<input type="checkbox"/> Kasr El Aini Center of Clinical Oncology	<input type="checkbox"/> Fakous Cancer Center
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**Payment**

**Bank transfer to:** BLOM BANK, Cairo branch, account number 825054

Date      Signature .....

- For rapid processing of your registration, fax your transfer receipt with registration form to + 202 5328286.
- Confirmation of registration will be sent to each participant on receipt of payment.
- Registration on site will be in cash so get prepared.