

Registration Form:
The Third International Conference of the
**Egyptian Association of Oral &
Maxillofacial Surgeons**
29 September – 1 October 2004
REGISTRATION FORM

Title:

First Name:

Family Name:

Specialty:

Institution:

E-Mail:

Telephone Number:

Fax Number:

Name to appear in certificate:

Address for correspondence:

Number of accompanying persons:

Their names:

Any special dietary :

requirements (e.g. vegetarian):

**REGISTRATION
FEE**

REGISTER

\$ 300 for participant, including admission to scientific sessions, hands-on workshops, entry to trade exhibit, attending the opening ceremony, refreshments, Cairo Nile cruise (dinner and live entertainment), Gala dinner, conference bag and certificate of attendance.

\$ 100 for accompanying person, including admission to opening ceremony, entry to trade exhibit, refreshments, Cairo Nile cruise (dinner and live entertainment), Gala dinner.

Accommodation at
Cairo Marriott Hotel

\$ 160* Single occupancy/night (half board) x
No. of Nights

\$ 200* Double occupancy/night (half board)
x No. of Nights

Accommodation at
Santana Hotel* * *

\$ 60* Single occupancy/night (half board) x
No. of Nights

\$ 80* Double occupancy/night (half board) x
No. of Nights

**Payment for registration and
hotel accommodation is by bank
cheque payable to:**

**"Egyptian Association of Oral &
Maxillofacial Surgeons"**

**28 Abdelazim Rashed Street,
Agouza, Giza, Egypt, 12311**

E-mail: eaoms@eaoms.org

www.eaoms.org