



4<sup>th</sup> International Training Course  
On Renal Transplantation:  
Hands On Training  
8-11 February, 2026



Please fill in this form and send it back by fax or E-mail.

**Registration Form**

Professional title: .....

First name: .....

Family name: .....

Address: .....

City: .....

Country: .....

Email: .....

Fax: .....

Tel.: .....

Registration fee: 1000 \$ (International)   
7500 L.E (Egyptian)

**Hotel Reservation: (on your own)**

Marshal El-Gazera Hotel

**For Egyptian**

**For Non Egyptian**

Room: Single 1296 L.E /Night

54 \$ /Night

Double 1596 L.E /Night

64 \$ /Night

Date of arrival : / /

Date of departure : / /

**Method of payment:**

- **Bank Transfer:**   
Mansoura urology and nephrology center - Egypt.  
Bank Identifier Code: CIBEEGCX015.  
Bank name: Commercial International Bank Egypt SA.  
The beneficiary IBAN / Account number:  
IBAN: EG720010001500000100007997878 for US\$  
IBAN: EG720010001500000100005624686 for EGP

- **Instapay:**   
100005624686 حساب المركز ببنك CIB

**Mailing Address:**

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