



XIXth REGIONAL CONGRESS EASTERN MEDITERRANEAN & EUROPE INTERNATIONAL SOCIETY OF BLOOD TRANSFUSION



MARCH 21 - 25, 2009 – CAIRO, EGYPT

REGISTRATION FORM

If you already submitted your registration form via the web site, please do not complete this form.

PARTICIPANTS

Family Name _____ Prof / Dr / Mr / Ms

First Name _____

Company/Institut _____

Department _____

Address _____

Postal Code & City _____ Country _____

Telephone + _____ Telefax + _____

E-mail _____

- I am:**
- | | | | |
|------------------------------------------------|----------------------------------------------|--------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Assistant Director | <input type="checkbox"/> Blood Bank Director | <input type="checkbox"/> Chief Executive Officer | <input type="checkbox"/> Chief Laboratory-assistant |
| <input type="checkbox"/> Commercial/Consultant | <input type="checkbox"/> Director | <input type="checkbox"/> Doctor | <input type="checkbox"/> Export Manager |
| <input type="checkbox"/> Graduate Student | <input type="checkbox"/> Hospital Scientist | <input type="checkbox"/> Internist | <input type="checkbox"/> Managing Director/administrative |
| <input type="checkbox"/> Medical Director | <input type="checkbox"/> Nurse | <input type="checkbox"/> Physician | <input type="checkbox"/> Production Manager |
| <input type="checkbox"/> Professor, Instructor | <input type="checkbox"/> Research Fellow | <input type="checkbox"/> Scientific Director | <input type="checkbox"/> Technical Director, Technician, Analyst |

Please tick only 1 position

I am in the age range of: 20-30 31-40 41-50 51-60 61 or above

ACCOMPANYING PERSONS (non-participants) (spouses or family)

1. Family Name* _____ First Name* _____

Accompanying persons will only have access to the exhibition area and the accompanying persons tour (no admission to the scientific sessions)

SPECIAL DIETARY REQUESTS Vegetarian Kosher Other _____

REGISTRATION FEE (please tick the appropriate box)

Registration Category	Payment on or before January 15, 2009	Payment after January 15 until March 1, 2009	Payment after March 1, 2009 and on-site
ISBT member * and/or ESBT member**	€ 350.00 no.: _____	€ 400.00 no.: _____	€ 450.00 no.: _____
ISBT membership fee 2009 and Registration fee***	€ 448.00	€ 498.00	€ 548.00
ISBT Non-member	€ 460.00	€ 510.00	€ 570.00
Students****	€ 200.00	€ 225.00	€ 250.00
Accompanying Persons	€ 100.00	€ 100.00	€ 100.00

* For ISBT members who paid the membership fee for 2008, registration number to be provided.

** For ESBT members who paid the membership fee for 2008, registration number to be provided.

*** If you become an ISBT Member you will pay the membership fee for 2009. Please complete the ISBT Membership form as well.

**** To qualify for the Student Fee, the applicant's registration must be accompanied by a letter from the academic institution confirming registration.

PLEASE REMEMBER TO MAKE A PHOTOCOPY OF THIS FORM FOR YOUR OWN RECORD.



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HOTEL, TOUR AND SERVICES BOOKING FORM

PARTICIPANTS

Family Name _____ Prof / Dr / Mr / Ms

First Name _____

Company/Institut _____

Department _____

Address _____

Postal Code & City _____ Country _____

Telephone + _____ Telefax + _____

E-mail _____

* To be printed on name badge

ACCOMPANYING PERSONS (non-participants)

1. Family Name* _____ First Name* _____

A. ARRIVAL / DEPARTURE DETAILS

Description of Service	Type	Number of Persons	Rate p.p.	Total
Meet & Assist with SIC Transfer from Cairo International Airport to the hotel *	One Way	_____	€ 12.00	_____
	Two Ways	_____	€ 20.00	_____
Meet & Assist with Private Transfer from Cairo International Airport to the hotel **	One Way	_____	€ 22.00	_____
	Two Ways	_____	€ 40.00	_____
Egypt Entry Visa **			€ 15.00	_____

Total _____

* SIC: Seat in Coach

** Private: Transfer in Lemo coach

* All citizens required entry visa in the airport and some citizens of following countries are required to be in possession of a pre-arrival visa which must be obtained in the country of their origin: (in alphabetical order) Afghanistan, Algeria, Armenia, Azerbaijan, Bangladesh, Bosnia-Herzegovina, Chechnya, Croatia, Georgia, India, Indonesia, Iraq, Iran, Israel, Kazakhstan, Kyrgyz, Lebanon, Macau, Macedonia, Malaysia, Moldavia, Montenegro, Morocco, Pakistan, Palestine, The Philippines, Russia, Serbia, Slovenia, Sri-Lanka, Tajikistan, Thailand, Tunisia, Turkmenistan, Ukraine, Uzbekistan and all African countries. We prefer that you re-check with the Egyptian embassy in your country.

FLIGHT INFORMATION (For transfer and meet & assist service, kindly fill 'Section A')

	Date*	Time*	Airlines*	Flight No.*
Arrival:	_____	_____	_____	_____
Departure:	_____	_____	_____	_____

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B. HOTEL ACCOMMODATION

Please fill the hotel reservation information:

No. of Rooms: _____ Occupancy: Single Double Twinm

Check in date: _____ Check out Date: _____

Arrival Flight/Time: _____ Departure Flight/Time: _____

Smoking Room Non-Smoking Room I will be sharing with: _____

Special Requests: _____

Preference	Name of the hotel	No. of Stars	Room type	Price per night, incl. taxes	Total
_____	1 - Intercontinental City Stars	5-star Deluxe	Standard S* Standard D* Studio S/D Club S/D Breakfast	€ 195.– € 235.– € 285.– € 440.– € 20.– p.p.	_____ _____ _____ _____ _____
_____	2 - Holiday Inn City Stars	5-star	Standard S* Standard D* Breakfast	€ 150.– € 175.– € 20.– p.p.	_____ _____ _____
_____	3 - Fairmont Towers Heliopolis	5-star Deluxe	Garden S/D* Atrium S/D Breakfast	€ 230.– € 270.– € 25.– p.p.	_____ _____ _____
_____	4 - Fairmont Heliopolis	5-star	Standard S/D Pool V S/D Club S/D Breakfast	145.– 170.– 195.– 20.– p.p.	_____ _____ _____ _____
_____	5 - Sonesta Cairo Hotel	5-star	Standard S/D Superior S/D Club S/D Breakfast	€ 120.– € 140.– € 170.– € 15.– p.p.	_____ _____ _____ _____
_____	6 - Le Passage Hotel	5-star	Standard S/D Executive S Executive D Breakfast	€ 145.– € 155.– € 180.– € 15.– p.p.	_____ _____ _____ _____
_____	7 - Concorde Elsalam Hotel	5-star	Standard S/D Club S Club D Breakfast	€ 170.– € 210.– € 225.– € XXX.– p.p.	_____ _____ _____ _____
_____	8 - JW Marriott	5-star Deluxe	Deluxe S/D Executive S/D Junior suite S/D Breakfast	US\$ 185.– US\$ 230.– US\$ 585.– US\$ 30.–	_____ _____ _____ _____
_____	9 - Creative Hotel	4-star	Standard S/D Breakfast	€ 135.– € 13.– p.p.	_____ _____
_____	10 - Novotel	4-star	Standard S Standard D Breakfast	€ 110.– € 130.– € 13.– p.p.	_____ _____ _____
_____	11 - Baron Hotel	4-star	Standard S Standard D Breakfast	€ 90.– € 110.– € 13.– p.p.	_____ _____ _____
_____	12 - Karvin Hotel	3-star	Standard S Standard D Breakfast	€ 55.– € 65.– € 11.– p.p.	_____ _____ _____
_____	13 - Beirut Hotel	3-star	Standard S Standard D Breakfast	€ 65.– € 75.– € 11.– p.p.	_____ _____ _____

Total _____

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C. EXCURSIONS

Tour Code	Tour Name	Date	Tour Price Per Person	No. of Persons	Amount €
<input type="checkbox"/> T01	Half-Day Pyramids	<input type="checkbox"/> Sunday, March 22 <input type="checkbox"/> Tuesday, March 24	€ 22.–	_____	_____
<input type="checkbox"/> T02	Half-Day Egyptian Museum	<input type="checkbox"/> Saturday, March 21 <input type="checkbox"/> Monday, March 23	€ 20.–	_____	_____
<input type="checkbox"/> T03	Half-Day Citadel & Bazaars	<input type="checkbox"/> Monday, March 23	€ 20.–	_____	_____
<input type="checkbox"/> T04	Sound & Light Show at Pyramids	<input type="checkbox"/> Saturday, March 21 <input type="checkbox"/> Monday, March 23 <input type="checkbox"/> Wednesday, March 25	€ 45.–	_____	_____
<input type="checkbox"/> T05	Half-Day Coptic Cairo & Coptic Museum	<input type="checkbox"/> Sunday, March 22 <input type="checkbox"/> Tuesday, March 24	€ 20.–	_____	_____
<input type="checkbox"/> T06	Nile Cruise Dinner	<input type="checkbox"/> Saturday, March 21 <input type="checkbox"/> Monday, March 23 <input type="checkbox"/> Wednesday, March 25	€ 40.–	_____	_____
Total					_____

D. PRE & POST CONGRESS TOURS

Tour Code	Tour Name	Date	Tour Price Per Person	No. of Persons	Amount €
<input type="checkbox"/> T07	Sharm El Sheikh	<input type="checkbox"/> March 16 – 20 <input type="checkbox"/> March 26 – 30	€ 490.– pp / double room € 680.– pp / single room	_____	_____
<input type="checkbox"/> T08	Hurghada	<input type="checkbox"/> March 16 – 20 <input type="checkbox"/> March 26 – 30	€ 440.– pp / double room € 590.– pp / single room	_____	_____
<input type="checkbox"/> T09	Cruise programme from Luxor to Aswan or From Aswan to Luxor	<input type="checkbox"/> March 15 – 20	€ 510.– pp / double room € 810.– pp / single room	_____	_____
<input type="checkbox"/> T10	Abu Simple and Nile Cruise from Aswan to Luxor	<input type="checkbox"/> March 26 – 31	€ 590.– pp / double room € 870.– pp / single room	_____	_____
Total					_____

TOTAL: A € _____ B € _____ C € _____ D € _____ Grand total _____

Special requests: _____



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PAYMENT

I will arrange payment in _____ by the following method:

Bank Draft made payable to Wings Tours & Nile Cruises. All bank charges must be borne by the participant and may not be deducted from the total amount.

Bank Transfer

Bank : Wings Tours & Nile Cruises.
 Branche : Heliopolis
 Account Name : Wings Tours & Nile
 Account Number : 518778
 Swift Code : ARAIEG CXHEL
 Reference : Participants Name

*A copy of the receipt of the bank remittance should be attached to this form.
 All bank charges for remittance must be borne by the remitter.*

Visa Charge my Card Number:

MasterCard Expiry Date: / / (mm/yy)

Issue Number / CVC Code*:

** last 3 digits on reverse side of the credit card for Visa, Mastercard.*

Cardholder's Name: (family) _____ (first) _____

Cardholder's Signature: _____ Date: _____

I have read and accept the Hotel and Tour Booking Policy.

Signature participant _____ Place and Date: _____