11th & Breast - Gynecological Immunooncology International Cancer Conference

REGISTRATION FORM

Breast - Gynecological International Cancer Conference

Please print **CLEARLY** in **BLOCK CAPITALS**

First and Middle Names: (as you wish it to be printed on the certificate)

Last/Family Name: (as you wish it to be printed on the certificate).

TITLE: Dr. ☐ Prof. ☐ Mr. ☐ Mrs. ☐ Miss ☐ Other ☐

Profession: .....

Institution: .....

Mailing Address : .....

City/Postal Code: .....

Telephone: ..... **Mobile:** .....

EMAIL ADDRESS: .....

Registration Fees :

Registration include Conference Kits, Coffee Breaks & Lunch for 2 days

EARLY REGISTRATION (Before 30th of Nov. 2018)	Conference :400US $ Workshops: 150 US $
LATE/ON-SITE REGISTRATION (After 30th of Nov. 2018)	Conference :700 US $ Workshops: 300 US $

NB: BGICS members will have 50% discount on registration fees.

IMPORTANT INFORMATION:

1. **Registration is not confirmed until payment is received.**

2. **Payment is accepted in cash, certified check or bank Transfer on Bank Account Swift Code**
To: Arab-Organizers for Conference Management
Bank name & address: Arab African International Bank
Account number: 512123
Swift Code: ARAOEGCX
A copy of any Payment must be sent to the bgicc2010@gmail.com under the title of confirmation of the Payemnt of Dr. (Name)

3. **Cancellation/Refund Policy:** Request for refund must be received prior to the conference by 2 weeks. Administrative fee of 20 US $ will be deducted from all refunds.