

Company Name _____ Nature of Business _____
 Contact Name _____ Position _____
 Tel _____ Fax _____ Email _____
 Address _____

Conference Registration Fees

	Before February 20	After February 20
for Hospitals / 1st Delegate	<input type="checkbox"/> 290 USD	<input type="checkbox"/> 350 USD
/ 2nd Delegate	<input type="checkbox"/> 250 USD	<input type="checkbox"/> 300 USD
for Companies & others / per Delegate	<input type="checkbox"/> 400 USD	<input type="checkbox"/> 500 USD

This fee includes : Entrance Fees - Certificate of Attendance - Congress Kit - Opening Ceremony - Coffee Breaks & Lunch.

Total to be paid : _____

The delegates should be from the same institution. A 15% discount will be granted to the members of AHF who have paid their membership fees for 2009

Name of participants in Health Management Congress

	Title	First Name	Surname	Job title	E-mail
1					
2					
3					
4					

Hotel Booking

		Stars	Single/\$	Double/\$
1	Semiramis Intercontinental Hotel	5*	200.00	230.00
2	Cairo Shepherd Hotel	4*	140.00	170.00

- The Payment of Accommodation should be done directly to the Hotel.
 - The price is on Bed & Breakfast
 - Any no show without prior cancellation, the guest is obliged to pay the fee of one night to the hotel.
 - The pick up fees will be added to the invoice

Kindly Fill the information of your Accommodation & Credit Card to Guarantee your booking

Name of person	Type of room	Check in	Check out	Nb. of Nights	Flight No	Arrival	Departure	Pick up
	Single Double							

Name on Card	Type of Card	Card Nb	Exp Date	Signature

Method of payment to the Congress

There are only Two ways for payment

Cash Bank Transfer *

Bank transfer: The payment by Bank transfer should be made to :

Account no. 11- 401- 305681- 01 Beneficiary: Beetle Design SARL -Bank of Beirut -Branch 24-Lebanon- IBAN: LB 65 00750000 0001 1401 3056 8101

Kindly fax the transfer copy on which is precised your name & address. All registration forms must be accompanied by the appropriate payment.

Total _____ USD Total in words _____

* An Extra amount of \$ USD 30.00 per payment should be added to the invoice to cover the bank clearing charges

Pls note that full payment must be received prior to this event. Only the delegates whose fees have been paid in full will be admitted to this event.

Cancellation Policy

Replacements from the same institution may be proposed to the event at any time.
 For cancellation notified in written before February 20, 2010, the fee will be reimbursed
 No refunds are possible after February 20, 2010.
 Due to unexpected situations, the program, date, Venue, speakers may change
 and AHF reserves the right to make this.

Stamp & Signature of Institution