

IXth International Congress of Cardiology & Cardiac Surgery

March 23-27, 2010

Please send this form to **LEBANESE SOCIETY OF CARDIOLOGY** P.O.Box: 11-640 Beirut, Lebanon
Tel/Fax: +961 1 397315 E-mail: lsc@lscardio.org Website: www.lscardio.org

INDIVIDUAL REGISTRATION FORM

1 Personal Data

Mr. Mrs. Ms. Dr. Pr.

- Last name (Family name) _____
- First name (Given name) _____
- Address _____

- Postal / Zip code _____ • City _____
- State / Province _____ • Country _____
- Telephone _____ • Fax _____
- E-mail (compulsory field) _____
- Your specialization is (mandatory to process your application): _____

2 Registration Fees

Nurses • Medical Technicians • Students & Residents	FREE (letter or justification is required)
LSC & CS members	FREE
LSTC & VS members	FREE
Non members	<input type="checkbox"/> 33\$
Foreign Participants Registration	<input type="checkbox"/> 350\$
Registration for "Evidence based clinical decision making cardiac city workshop"	50\$
Gala Dinner	<input type="checkbox"/> 100\$
Accompanying Person	TBD

3 Method of Payment

CREDIT CARD N°: Visa Euro/MasterCard Expiry date _____

Cardholder's Name: _____ Cardholder's Signature: _____

I hereby authorize the Lebanese Society of Cardiology to debit or credit this credit card account with the total amount due and any subsequent changes (cancellation, modification fees, no-show charges) to the items booked.

BANK TRANSFER in USD to LEBANESE SOCIETY OF CARDIOLOGY

BLOM BANK
Ashrafieh - Branch 14
P.O.Box: 11-1312 - Riad El Solh - Beirut 1107 2807 Lebanon
Swift - BLOMLBBX
A/C number: 014 02 304 0096612 14

- Made through (name of your bank) _____ • Company's name: _____
- Amount: _____ • Date: _____ (Please attach a copy of your bank transfer).

Cancellations will be accepted up until March 15, 2010. No fees will be refunded after that date.

I hereby accept the Registration Conditions. Date _____ Signature _____