

Tours Form

First Name:

Family Name:

Profession / Title:

Affiliation:

Mailing Address:

City:

Country:

Residence Phone:

Clinic Phone:

Fax:

Mobile:

Email:

**Accompanying
Persons:**

Mr. Mrs.

Mr. Mrs.

No. of Tours	Price / Person	No. of Persons	Total
Tour 1	USD		USD
Tour 2	USD		USD
Tour 3	USD		USD
Tour 4	USD		USD

Tour 5	USD	USD
Tour 6	USD	USD
Tour 7	USD	USD
Tour 8	USD	USD
Tour 9	USD	USD
Tour 10	USD	USD
Tour 11	USD	USD
Tour 12	USD	USD
Tour 13	USD	USD
Tour 14	USD	USD
Tour 15	USD	USD
Tour 16	USD	USD
Total:	USD	USD

Payment

Your payment should be sent by internationally accepted bank or transfer to:

Favor of : Eastern Mediterranean Regional Council

Acc. No : 01906010070860

Bank : Cairo Bank - Nasr City Branch

I enclose with this form :

Photo copy of Bank transfer

in the amount of