***“REGISTRATION FORM”***

**26th Annual Congress of Iranian Society of Pediatric Surgeons (IRSPS)**

**5-9 May 2018, Congenital Malformation & Acquired Colorectal Diseases in Children**

**Razi Congress Center Tehran, Iran**

***Please fill in this form in all its part and send it by e-mail with the appropriate payment to the Organizing Secretariat:***

**Office of IRSPS**

175 Mirdamad Blvd, 1919913961

Tel: +98 21 26401423

Fax: +98 21 26401419

Email: info@irsps.org

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: |  | Family Name: |  |
| Title: |  | Dr:Prof: |  |
| Home Address: |  | Hospital Address: |  |
| ZIP Code: |  | ZIP Code: |  |
| City: |  | Country: |  |
| Phone: |  | Fax: |  |
| Email: |  | National Code: |  |

**REGISTRATION FEES:**

Please Flag Your Choice

***Delegates, Trainees, Nurses:***

 Before Feb 15th After Feb 15th

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Foreign Delegate | € 200 |  |  | € 250 |  |
| Trainee or Nurse ( Certification is Required ) | 1,000,000 Rial |  |  | 1,200,000 Rial |  |
| Iranian Delegate | 1,500,000 Rial |  |  | 2,000,000 Rial |  |
| Tehran City Guided Tour  |  |  |  |  |  |

***Accompanying Person:***

First Name: …………………………….... Family Name: ………………........…………… Title: ……….…................................……

Mr. □ Mrs. □

 BEFORE Feb 15th AFTER Feb15th

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Accompanying person | € 50 |  |  | €75 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Social Dinner (On site payment of fee to be decided)  | YES |  | NO |  |

**Total Amount Registration Fees: € or Rial:** ...……………………

**PAYMENT:**

* BY BANK TRANSFER (Only for Iranian Delegates)

**Iranian Society of Pediatric Surgeon**

**Bank Tejarat, Ghohak, Yakhchal Branch. Code 368**

**Account Number: 0253273089**

* On Site payment (Only for Foreign Delegates)

CANCELLATION POLICY:

Changes or cancellation should be sent in writing, by e-mail to **info@irsps.org**

Cancellation received before Feb 15th 2015: 50% refund

Cancellation received after Feb 15th 2015: no refund.

**Date:** ………………………… **Signature:** ………………………