



## XI PAN ARAB CONFERENCE OF PSYCHIATRY

### Registration Form

The preferred method of registration is online. Alternatively, this registration form may be faxed, mailed or emailed to the Congress Secretariat. We encourage you to register by July 10, 2008.

Suffix (Prof/Dr/Mr./Mrs/Ms):\_      Last Name (Surname): \_\_\_\_\_      First Name \_\_\_\_\_

Organization: \_\_\_\_\_      Nationality: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Business Fax: \_\_\_\_\_      Mobile: \_\_\_\_\_      Email: \_\_\_\_\_

Arrival Flight & Time: \_\_\_\_\_

Departure Flight & Time: \_\_\_\_\_

Hotel check-in date:      /August / 2008

Check-out date:      /August / 2008

Payment type	Payment category	Cost (Euro)
Registration Fee	Participants from Developed Countries (€250)	
	Participants from Developing Countries (€150)	

The registration fee includes the welcome reception and the gala dinner.

	Extra tickets to the gala dinner (€30 each)	
Training workshop registration fee	The Examination of the Arab Board of Psychiatry (€10) Critical Appraisal of Mental Health Literature (€10) How to write a Cochrane Systematic Review (€10) Psychodrama (€10) Treatment of PTSD in children (€10)	

Accommodation: Please select hotel

Sheraton Hotel (*****)	Single room (€115 per night). Number of nights _____	
	Double room (€65 per person per night) Number of nights _____	
Carlton Hotel (****)	Single room (€55 per night). Number of nights _____	
	Double room (€35 per person per night). Number of nights _____	
Amer Hotel (***)	Single room (€35 per night). Number of nights _____	
	Double room (€25 per person per night). Number of nights _____	
<b>Total Payment</b>		

**Payment of Registration and Accommodation Fees:** All payments should be made to:





دمشق ٢٠٠٨  
DAMASCUS 2008  
عاصمة الثقافة العربية  
ARAB CAPITAL OF CULTURE

## XI PAN ARAB CONFERENCE OF PSYCHIATRY

SUN TRAVEL & TOURISM

BASSAM HANNA CO.

Tel: + 963 11 2312700

Fax: + 963 11 2312473

e mail: inbound@suntravel-syria.com

BANQUE BEMO SAUDI FRANSI

SWIFT: BBSFSYDA

ACCOUNT NUMBER: 0154691/BBSF

Payment label: CONGRESS08 REGISTRATION

Please pay by wire transfer. To ensure prompt reconciliation, please send a copy of the transfer record to the Congress Secretariat. Registrations are transferable to a colleague at any time prior to the Congress provided the Congress Secretariat is advised in writing. Your registration will be acknowledged electronically or via facsimile within a week of receipt of registration form.

