



Lebanon Memory Group for Clinical Research

3rd Meeting on Neuropsychology
 Le Gabriel Hotel, Achrafieh – November 3rd, 2018

REGISTRATION FORM

First Name..... **Name**

Title Prof. Dr. Mr. Mrs. Ms.

Discipline..... **LOP # (If applicable)**

University / Institution

Tel..... **Mobile**

Email

This is to confirm my registration and would like to attend the following:

PLENARY SESSIONS:

Saturday November 3rd

Session I (9:30 – 11:30) Yes No

Session II (12:30 – 13:30) Yes No

Session III (14:30 – 16:30) Yes No

REGISTRATION FEES (Plenary Scientific Sessions / C.Break / Badge)		
	≤ 3 OCT. 2018	> 3 OCT. 2018
<input type="checkbox"/> Professional	<input type="checkbox"/> 80,000 L.L.	<input type="checkbox"/> 110,000 L.L.
<input type="checkbox"/> Undergraduate Student (Supporting doc. to be attached)	<input type="checkbox"/> 50,000 L.L.	<input type="checkbox"/> 65,000 L.L.

