

Lebanon Memory Group for Clinical Research

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

REGISTRATION FORM

First Name	irst Name				
Title \square Prof. \square Dr.	\square Mr.	\square Mrs.	\square 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 3 rd					
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 OC	Г. 2018	> 3 OCT. 2018		
□ Professional	□ 80,000 L.L.		□ 110,000 L.L.		
☐ Undergraduate Student (Supporting doc. to be attached)	□ 50,000 L.L.		□ 65,000 L.L.		

HANDS-ON WORKSHO	<u>rs</u> :			
1- Saturday Novemb	er 3 rd ; 16:30 - 18:15 (Se	elect ONE)		
Workshop A	□ Yes	□ No		
Workshop B	\square Yes	□ No		
Workshop C	□ Yes	\square No		
2 - Saturday Novemb	oer 3 rd ; 18:30 - 20:15 (S	elect ONE)		
Workshop A	□ Yes	□ No		
Workshop B	□ Yes	□ No		
Workshop C	□ Yes	\square No		
	FEES PER WORKSH	OP		
	≤3 OCT. 2018	> 3 OCT. 2018		
☐ Professional	□ 65,000 L.L.	□ 80,000 L.L.		
☐ Undergraduate Student (Supporting doc. to be attached)	□ 45,000 L.L.	□ 60,000 L.L.		
• It's preferable to register a I autorize GMRC-Lib	head of time in order to an to reach me via What			
<u>PAYMENT</u>				
A- Registration fees L.L				
B- Workshop fees (1 &/or 2) L.L				
TOTAL L.L				
Please make payments at an		<u>ı to</u> :		
GMRC-LIBAN				
	04 1508511 2 8	T 1		
	SAL – Hazmieh Branch	– Lebanon		
Currency: LBP	014 0000 2001 2041 7007	1120		
	014 0000 3001 3041 5085			
-		and on the bank receipt. Both may		
office before October 27 th , 2		ough WhatsApp to GMRC-Libar		
·				
Date	Signature	•••••		
2	_	will not be refunded as the result tion after October 4 th , 2018 will		

gmrc.liban@gmail.com / gmrc.liban@yahoo.fr / Phone + 961 70 418600

not be refunded.