

**International Continence Society 38th Annual Meeting
20-24 October, 2008, Cairo, Egypt**

REGISTRATION & ACCOMMODATION FORM

Please PRINT in BLOCK LETTERS and FAX, Email or AIRMAIL to:

Registration and Accommodation department

1-3 Rue du Chantepoulet, Ch-1211 Geneva 1, Switzerland

Tel: +41 22 908 0488, Fax: +41 22 732 2850, E-mail: ics2008_reg@kenes.com



IDENTIFICATION

Please complete this section accurately. The information you provide will allow us to correspond with you efficiently.

Participant (Please TYPE or PRINT IN BLOCK LETTERS)

Family Name _____ Initials _____ First Name _____

Title Prof. Dr. Mr. Mrs. Ms Year of birth [YYYY] _____

E- Mail Address _____ @ _____ Mobile phone: _____ Country code / mobile number _____

Office Address

Institute _____ Dept. _____

No. _____ Street _____ Suite/Apt. _____

City _____ State/Province _____ Country _____ Postal code _____

Telephone (office hours):Country code/city code/number _____ Fax: Country code/city code/number _____

Mailing Address (if different from the above)

Address _____

City _____ State/Province _____ Country _____ Postal code _____

You and Your Privacy

*We collect personal information for use by the ICS and the ICS Permanent Congress Organiser (Kenes International) to inform delegates of ICS Annual Meetings or relevant information. *Platinum/Gold and Silver sponsors of the ICS meetings are provided with mailing labels of participants one month before the Meeting and a final list of participants via e-mail after the meeting. We will not release or sell mailing lists to any other third parties. ***Delegates must indicate when registering for an ICS meeting if they do not wish for their contact information to be forwarded to the sponsors.** *The contact details provided at registration may be used by the exhibition companies during the meeting to gather data from the delegates via scanners. However these companies should advise the delegate that they are being scanned for contact details. We do not store credit card information (it is only used during a financial transaction and then discarded). **I DO NOT wish my details to be forwarded to sponsoring companies**

REGISTRATION FEES (in US\$)

Category		Early fee (until 20 July, 2008)	Late fee (21 July -12 October, 2008)	On site (from 13 October, 2008)
Full participants	ICS Member* (No: _____)	<input type="checkbox"/> \$475	<input type="checkbox"/> \$525	<input type="checkbox"/> \$575
Full participants	Non-Member	<input type="checkbox"/> \$625	<input type="checkbox"/> \$675	<input type="checkbox"/> \$775
Nurses / physiotherapists / trainees/ participants from African countries	ICS Member* (No: _____)	<input type="checkbox"/> \$275	<input type="checkbox"/> \$325	<input type="checkbox"/> \$375
Nurses / physiotherapists / trainees/ participants from African countries	Non- Member	<input type="checkbox"/> \$325	<input type="checkbox"/> \$375	<input type="checkbox"/> \$425
Gala Dinner			<input type="checkbox"/> \$125	
Additional Guest ticket for the Welcome Reception			<input type="checkbox"/> \$45	
Registration for Courses and Workshops is only available to participants registered for the Annual Meeting				
Courses and Workshops	ICS Member*	\$50	\$50	\$50
Courses and Workshops	Non-Member	\$90	\$90	\$90
Educational Course EC1	ICS Member*	\$70	\$70	\$70
Educational Course EC1	Non-Member	\$110	\$110	\$110

*ICS Members who wish to benefit from the reduced registration rates must have renewed their membership will before 12 October, 2008.

Please indicate the number of course/workshop you wish to participate in:

<p>Monday, 20 October, 09:00 –12:00 <input type="checkbox"/>Course 1 <input type="checkbox"/>Course 2 <input type="checkbox"/>Course 3 <input type="checkbox"/>Course 4 <input type="checkbox"/>Workshop 14 <input type="checkbox"/> Workshop 15 <input type="checkbox"/> Workshop 16 <input type="checkbox"/> Workshop 17 <input type="checkbox"/> Workshop 18 <input type="checkbox"/> Workshop 19</p>
<p>Monday, 20 October, 14:00 –17:00 <input type="checkbox"/>Course 5 <input type="checkbox"/>Workshop 20 <input type="checkbox"/>Workshop 21 <input type="checkbox"/>Workshop 22 <input type="checkbox"/>Workshop 23 <input type="checkbox"/>Workshop 24 <input type="checkbox"/>Workshop 25 <input type="checkbox"/>Workshop 26 <input type="checkbox"/> Workshop 27</p>
<p>Tuesday, 21 October, 09:00-12:00 <input type="checkbox"/>Course 7 <input type="checkbox"/>Course 8 <input type="checkbox"/>Course 9 (free) <input type="checkbox"/>Course 10 <input type="checkbox"/>Workshop 28 <input type="checkbox"/>Workshop 29 <input type="checkbox"/>Workshop 30 <input type="checkbox"/>Workshop 31 <input type="checkbox"/>Workshop 32 <input type="checkbox"/>Workshop 33</p>
<p>Tuesday, 21 October, 14:00-17:00 <input type="checkbox"/>Course 11 <input type="checkbox"/>Course 12 <input type="checkbox"/>Course 13 <input type="checkbox"/>Workshop 34 <input type="checkbox"/>Workshop 35 <input type="checkbox"/> Workshop 36 <input type="checkbox"/>Workshop 37 <input type="checkbox"/>Workshop 38 <input type="checkbox"/>Workshop 39 <input type="checkbox"/> Workshop 40</p>

The following activities are free of charge, however pre-registration is required:

- Physiotherapy study session for non-physiotherapists (Sunday, 19 October, 09:00-12:00)
- 7th Round Table for Pelvic Floor Physiotherapists (Sunday, 19 October, 12:30-17:00)
- Nurses' Meeting for Pan-Arab Nurses (Sunday, 19 October, 13:00-17:00)

Name _____

ICS2008

Please indicate type of facility where employed (choose one)

- Hospital University Private practice Research institute Industry Press Comprehensive care clinic
- Government agency Other (please specify) _____

Please indicate your professional role (choose one)

- Clinical practitioner Clinician researcher Basic science researcher Epidemiology/Statistics Nurse/Healthcare practitioner
- Health administrator Industry/Corporate professional Other - please specify _____

Please indicate your area of expertise (choose one)

- Urology Gynaecology/Obstetrics Neurology Physical medicine & rehabilitation Geriatrics/Gerontology
- Family/Internal Medicine Pharmacology Physiology Other - please specify _____

Please indicate your clinical interests (choose up to two)

- Uro-gynaecology Neuro-urology Geriatric aspects Continence advisor Sexual dysfunction Fertility Pain
- Cancer GnRH deficiency Paediatric aspects Osteoporosis Arthritis Other – please specify _____

ACCOMMODATION (in US\$)

Rates are per room, per night, including breakfast and all taxes

Rates include **free daily morning** transfers to the congress venue and back to the hotel at the end of the sessions

Heliopolis Area (near the venue)

Hotel	Kenes rating	Room Type	Single Room	Double Room
Intercontinental Citystars	***** <i>Deluxe</i>	Standard	<input type="checkbox"/> \$260	<input type="checkbox"/> \$290
		Club	<input type="checkbox"/> \$305	<input type="checkbox"/> \$340
JW Marriott	*****	Standard	<input type="checkbox"/> \$260	<input type="checkbox"/> \$280
Le Meridian	*****	Standard	<input type="checkbox"/> \$210	<input type="checkbox"/> \$220
Concorde El Salam	***** ½	Standard	<input type="checkbox"/> \$220	<input type="checkbox"/> \$235
Sonesta Cairo	***** ½	Standard	<input type="checkbox"/> \$200	<input type="checkbox"/> \$215
Holiday Inn	****	Standard	<input type="checkbox"/> \$200	<input type="checkbox"/> \$215
Novotel Cairo Airport	****	Standard	<input type="checkbox"/> \$100	<input type="checkbox"/> \$120
Baron	***	Standard	<input type="checkbox"/> \$90	<input type="checkbox"/> \$110

Down Town area (along the Nile River)

Hotel	Kenes rating	Room Type	Single Room	Double Room
Conrad	*****	Classic	<input type="checkbox"/> \$240	<input type="checkbox"/> \$260
		Deluxe	<input type="checkbox"/> \$265	<input type="checkbox"/> \$285
Intercontinental Sameramis	*****	Standard	<input type="checkbox"/> \$230	<input type="checkbox"/> \$250
Ramses Hilton	*****	Standard	<input type="checkbox"/> \$230	<input type="checkbox"/> \$250
		Nile View	<input type="checkbox"/> \$250	<input type="checkbox"/> \$270
Nile Hilton	****	Standard	<input type="checkbox"/> \$200	<input type="checkbox"/> \$220

RESERVATION:

Reservations will only be confirmed if credit card details are fully supplied; alternatively, please forward a deposit of 1 night payment per room in order to guarantee your accommodation. The booking will be final upon receipt of the corresponding deposit.

Check- In Date

Check -Out Date

Total night/s

* I will share my accommodation with: _____

Family name

First Name

PAYMENT

Please indicate the amount enclosed and preferred mode of payment. Ensure that you send the fully completed form together with your payment:

- Registration Fees USD _____
- Courses and Workshops/ Additional tickets USD _____
- Deposit for Hotel Accommodation USD: _____ (1 night charge per room)
- Total: USD _____

Option 1: Credit Card: Visa MasterCard Diners American Express

Number

Expiry Date (month/year)

Name as shown on card: _____

Option 2: Bank Transfer - with your name and address indicated on the reverse. If payment is made for more than one person or by companies please make sure all names are indicated and send fully completed registration and accommodation forms together with a copy of the bank transfer. Please make drafts payable to: "ICS 2008", Credit Suisse Geneva, 1211 Geneva 70, Switzerland, Bank Code: 4835, Account no. 693980-52-132, Swift No. CRESCHZZ12A. IBAN No: CH97 0483506939805213 2.

Bank charges are the responsibility of the participant and should be paid at source in addition to the registration and accommodation fees.

Option 3: Cheque made payable to: "ICS 2008"

CANCELLATION POLICY – REGISTRATION

All cancellations must be faxed, electronically mailed or post-marked:

- Cancellations received prior to 1/7/2008– full refund less \$50 handling fee.
- Cancellations received from 1/7/2008 to 1/9/2008– 50% will be refunded
- Cancellations received on or after 1/9/2008– no refund will be made.

CANCELLATION POLICY – HOTEL ACCOMMODATION

All changes/cancellations must be received in writing by fax or email to Kenes international. Please do not contact the hotel directly.

- Cancellations/changes received 21 days prior to arrival: full refund less bank charges (\$50).
- Cancellations/changes received 20-14 days prior to arrival : 1 night fee will be charged
- Cancellations/changes received less than 14 days prior to arrival : no refund
- In the event of non-arrival, the hotel will automatically release the reservation and payment will be non refundable

Date _____

Signature _____

By signing this Form you authorize KENES INTERNATIONAL to charge the above credit card for the balance of your account 3 weeks prior to your arrival for services ordered.