

Accommodation Form for the *The 8th International Congress of Endocrine Disorders and the 2nd Arab & Iranian Congress of Endocrinology and Diabetes and The 2nd Iranian Congress on prevention and Management of Obesity*

Title: Prof. Dr. Mr. Ms.

Family Name:

Postal Code:

First Name

Country:

Institution:

E-mail:

Position:

Arrival Date:

Address:

Departure Date:

No. of Nights:

Phone:

No. of Persons:

Fax:

Type of Room: Single Double=

No. of extra Beds:

Please fax this document to : +98(021)22416264