The Fifth Flagship Course on Health Sector Reform and Sustainable Financing for the MENA Region
June 16-27, 2003

Beirut, Lebanon

Administrative Arrangements

The American University of Beirut (AUB)
FACULTY OF HEALTH SCIENCES

http://fhs.aub.edu.lb/flagship
This document lists the details of the administrative arrangements for this course. If you need further clarification, please contact Ms. Karen Kazandjian by fax or email (see page 4).

**Venue**

The American University of Beirut  
College Hall Auditorium, B1  
Bliss Street,  
Beirut, Lebanon  
Tel: 961-1-340460 Ext. 4680/1/2/3  
Fax: 961-1-744470

The Welcome Package, which will be given to you upon registration, will contain the detailed venue for the course and the Welcoming reception. If you will be staying at another hotel or location than The Cavalier Hotel in Beirut, please inform us soon so we may communicate all necessary information regarding the course to you.

Attached you will find the course Attendance Form. Please complete and return this form as soon as possible by fax at: 961-1-744470.

Registration will take place at AUB from 8:30 a.m. to 9:00 a.m. on Monday, June 16, 2003 at AUB - College Hall Auditorium. The organizers will pick you up from the Cavalier hotel’s lobby at 8:15 a.m. Please bring 2 passport photos with you for registration.

We look forward to meeting you personally and welcoming you to Beirut at a reception on Monday, June 16, 2003, from 5:00 to 6:30 p.m.

**Attendance**

The course will be held from June 16-27, 2003. Participants are expected to arrive in Beirut no later than Sunday, June 15, 2003. You can make your return travel plans beginning 5:00 p.m. June 27, 2003. Participants pledge to observe the following terms for attending the course:

- They will attend all sessions on a prompt and regular basis. Absence is only permitted for reasons of illness.

- Because of the high teamwork nature of the course, they will be present for the entire duration of the course and will not accept extracurricular assignments; AUB will award a certificate to the participants who were present for the entire duration of the course; and
• They will return to the services of their institutions after the course.

**Visa**

Please make the necessary arrangements to obtain an entry visa into Lebanon. Plan this step early since, in some cases, this may require a substantive amount of time.

To obtain the visa, present a letter from your institution requesting a visa for the purpose of attending the course, along with a copy of our invitation, to the Lebanese Consulate in your country. Should you have any difficulties in obtaining a visa, please inform AUB by fax immediately.

**Inoculations**

We advise you to consult with the health officials in your country concerning any vaccinations you may need to travel to Lebanon.

**Travel and Medical Insurance**

As a condition to participate in this course, participants should be in good health and free from any ailment that could impair their attendance. Participants should obtain their own travel and medical insurance in their country, since they will not be insured by AUB.

**Drinking Water**

For maintaining good health and an enjoyable stay in Lebanon, it is recommended that all persons coming from abroad drink bottled water which is available for a small fee at all shops.

**Arrival in Beirut**

We can arrange for someone to meet you at Beirut International Airport. We will need your arrival date, Flight number and carrier and approximate time of arrival.

**Accommodation**

For the duration of the course you will be staying at the Cavalier Hotel, Hamra Street, Beirut, Lebanon. Tel: 961-1-353001 or 961-1- 602060. Fax: 961-1-347681. This hotel is located within a walking distance from AUB. The cost of your accommodation, approximately US $45 (per single room per night – including taxes and breakfast) is your responsibility or that of your institution. There are double rooms available for those who wish to share a room. The rate for the double room is $50 per night (including taxes and breakfast).
**Living Expenses**

We recommend that you budget an estimate of **US$50 per day** for subsistence for the duration of the course. You can pay in US$ in most places in Beirut. However, if you need to make any monetary transactions, keep in mind that commercial banks are closed on Sundays.

**Weather**

During your stay in Beirut, the weather will be mostly hot with temperatures ranging from 23°C to 30°C. It does not usually rain in June in Beirut. Light-weight clothing is recommended. Normal business attire is sufficient for social engagements connected with the course.

**Payment Information:**

Please pay the amount of US$500/week selected to AUB by May 26, 2003.

**PAYMENT METHODS:**

I. **Payment by Bank Transfer:**

*Please transfer the required amount to:*

- AMERICAN UNIVERSITY OF BEIRUT
- HSBC
- Ras Beirut Branch
- US$ Account # 03-013687-100
- Transit # 0070031
- Payment for **Flagship Course** to be
- Credited to Account # DCR 311010 016902

Payment should not be later than May 26, 2003.

**NOTE:** **Participant should bring proof of payment**

II. **Payment by Bankers Cheque**

*Please make check payable to: The American University of Beirut*

All checks must be received by Ms. Karen Kazandjian, room 103-Van Dyck Building-AUB.
Communications

Please address any inquiries concerning administrative arrangements to:

Ms. Karen Kazandjian
Faculty of Health Sciences
American University of Beirut
Beirut, Lebanon
Email: kkk00@aub.edu.lb
http://fhs.aub.edu.lb/flagship
Tel: 961-1-340460, Ext. 4682
Fax: 961-1-744470

For the duration of the course you’ll be staying at

The Cavalier Hotel
Hamra Street
Beirut, Lebanon
Tel: 961-1-353001
961-1-602060
Fax: 961-1-347681

Enclosed please find a brochure for the hotel.
CONFIRMATION OF PARTICIPANT ATTENDANCE

Name: ______________________________________________________

Country: ___________________________________________________

I certify that I shall be available for the full period of the training activity. I am in good mental and physical health, and do not have any ailments that may hinder my attendance.

Signature: __________________________ Date: ____________________

Do you prefer to have a room in the non-smoking floor? ☐ Yes ☐ No ☐ Any

Do you wish to have someone meet you at Beirut International Airport? ☐ Yes ☐ No

Arrival date: _________________________________________________

Airline and Flight number: ______________________________________

Departure date: _______________________________________________

Airline and Flight number: ______________________________________

Please return to Ms. Karen Kazandjian, AUB

Fax: 961-1-744470