SUMMIT REGISTRATION FORM

Title: ◯ Dr. ◯ Mr. ◯ Mrs. ◯ Ms. Date / /

(Please write the name in BLOCK letters) **Note:** The name mentioned below will appear the same in the certificate of attendance

Name

Institution (Hospital / Clinic)

Designation

Address P.O. Box

City Country

Tel Mobile

Fax E-mail

Summit Date: 10 - 12 November 2009

Registration Fee AED 3,675 US$ 1000

(Entitlements: the fee will include certificate, conference materials, coffee break & lunch)

Note: *If visa is required, medical insurance is mandatory to any person travelling to the United Arab Emirates as per the new directives issued by the Dubai Immigration Authorities. (Kindly send the visa application form, which can be downloaded on www.diis.ae along with this)*

PAYMENT can be made either by cash or credit card to: INDEX® Conferences & Exhibitions Organisation Est.

PAYMENT DETAILS: Cash Visa Master Card

Credit Card No.

CVV Code Expiry Date MONTH YEAR

CVV Code:
Last 3 Digits of your card's signature strip

Name on Card

AUTHORIZATION NOTE

Please debit my credit card with an amount of AED..... I, ... the card holder will honor this transaction and not hold INDEX® Conferences & Exhibitions Organisation Est. responsible if the credit card number has been compromised.

CANCELLATION POLICY

I understand that the above mentioned charges per registration will be non-refundable.

Date..... Signature.....

For Registration, contact:
Tel: +971 4 3624717
Fax: +971 4 3624718
jeanette.sales@index.ae
ahmed.mohiddin@index.ae