

**A. Personal Details:**

Title:  Prof.  Dr.  Ms.  Mr. (Please  if appropriate)

Name (Please write in BLOCK letters) : .....

Institution (Hospital / Clinic): .....

Designation: .....

Address: ..... Country: .....

P.O. Box: ..... City: .....

Tel.: ..... Mob.: .....

Fax: ..... E-mail: .....

**B.**

| Category  | Early Bird Fee                        | Fee                                  |
|---|---------------------------------------|--------------------------------------|
|   | Before 31 <sup>st</sup> December 2009 | After 31 <sup>st</sup> December 2009 |
| <input type="checkbox"/> Dentist                              | US\$ 220 / AED 800                    | US\$ 270 / AED 1000                  |
| <input type="checkbox"/> Nurse/Technician/Hygienist/Assistant | US\$ 135 / AED 500                    | US\$ 190 / AED 700                   |
| <input type="checkbox"/> Student                              | US\$ 110 / AED 400                    | US\$ 135 / AED 500                   |

**Entitlements: Certificate and Conference Materials**

**C. 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

**Authorisation 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 has been compromised.

**Cancellation Policy:** I understand that the above mentioned charges per registration will be non-refundable.

Date.....

Signature.....

All information is subject to change without prior notice.

**For Registration, Contact:**