

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 _____

Please select the course you would like to attend:

<input type="checkbox"/> ENDODONTICS [ONE DAY COURSE]	29 January 2011	Fee US \$ 450 / AED 1,660
<input type="checkbox"/> IMPLANTOLOGY [ONE DAY COURSE]	29 January 2011	Fee US \$ 450 / AED 1,660
<input type="checkbox"/> ENDODONTICS HANDS ON [HALF DAY COURSE]	30 January 2011	Fee US \$ 210 / AED 770
<input type="checkbox"/> RESTORATIVE DENTISTRY [ONE DAY COURSE]	30 January 2011	Fee US \$ 450 / AED 1,660
<input type="checkbox"/> ORTHODONTICS [ONE DAY COURSE]	30 January 2011	Fee US \$ 450 / AED 1,660
<input type="checkbox"/> IMPLANTOLOGY [ONE DAY COURSE]	31 January 2011	Fee US \$ 450 / AED 1,660
<input type="checkbox"/> RESTORATIVE DENTISTRY [ONE DAY COURSE]	31 January 2011	Fee US \$ 450 / AED 1,660
<input type="checkbox"/> INFECTION PREVENTION & CONTROL [ONE DAY COURSE]	31 January 2011	Fee US \$ 450 / AED 1,660
<input type="checkbox"/> DENTAL CLINIC MANAGEMENT [ONE DAY COURSE]	31 January 2011	Fee US \$ 450 / AED 1,660

- NOTE:**
- If VISA is required, kindly send the Visa Application Form and a Valid Passport Copy along with this form, form can be downloaded from www.aeecd.com. Medical Insurance is mandatory to any person travelling to the United Arab Emirates as per the new directives issued by the Dubai Immigration Authorities. Medical Insurance costs US\$20 / AED 60 as indicated in the Visa Application Form.
 - The course participants should understand that the speakers provide only their perspective of any new techniques and procedures; and potential risks might be possible if it is applied into clinical practice without sufficient education, training and / or supervision.

PAYMENT can be made either by cash or credit card to: INDEX® Conferences & Exhibitions Organisation Est.**PAYMENT DETAILS:** Cash Visa Master CardCredit Card No. _____ Expiry Date _____
MONTH YEAR

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

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