

1st AEEDC International Orthodontic Meeting (7th -8th March)

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

COURSE FEE US\$ **300** / AED **1,100**

Entitlements: The fee will include certificate, coffee break and 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.aeedc.com along with this)

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CANCELLATION POLICY

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

Date

Signature

For Registration, contact:

Tel: +971 4 3624717

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