

REGISTRATION FORM

Title Prof. Dr. Mr. Mrs. Ms.

Date :

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]	6 March 2010	Fee US \$ 450 / AED 1,660
<input type="checkbox"/>	ENDODONTICS HANDS ON [HALF DAY COURSE]	7 March 2010	Fee US \$ 210 / AED 770
<input type="checkbox"/>	IMPLANTOLOGY [ONE DAY COURSE]	7 March 2010	Fee US \$ 450 / AED 1,660
<input type="checkbox"/>	ORTHODONTICS [ONE DAY COURSE]	7 March 2010	Fee US \$ 450 / AED 1,660
<input type="checkbox"/>	RESTORATIVE DENTISTRY [ONE DAY COURSE]	8 March 2010	Fee US \$ 450 / AED 1,660
<input type="checkbox"/>	INFECTION PREVENTION & CONTROL [ONE DAY COURSE]	8 March 2010	Fee US \$ 450 / AED 1,660
<input type="checkbox"/>	DENTAL CLINIC MANAGEMENT [ONE DAY COURSE]	8 March 2010	Fee US \$ 450 / AED 1,660

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)

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

Name on Card



CVV Code:

Last 3 Digits of your card's signature strip

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