

Conference Registration Form

Email*:

Prefix: Prof. Dr. Mr. Mrs. Ms. (Please write name in **BLOCK** letters)

First Name*:

Last Name*:

Age*: 15-24 25-34 35-44 45-54 55-64 65+

Note: The above-mentioned name will appear the same in the Certificate of Attendance.

Job Title*:

Company*:

Address Line*:

City*: Country*: Nationality*:

P.O.Box*: Work Phone*: Fax*:

Mobile Phone*:

* Mandatory

Category	Early Registration 21 January 2018	Pre-Registration Price	Onsite Price
<input type="checkbox"/> Professionals	AED 2300	AED 2500	AED 2800
<input type="checkbox"/> Presenters	AED 1200	AED 1500	
<input type="checkbox"/> Students	AED 650	AED 650	AED 800

- NOTE:**
- For Visa Assistance kindly fill in the form that you can download from www.index.ae/visa and follow the instructions accordingly. Visa Charges, terms and conditions are mentioned in the form. Once filled, kindly send it to the email address mentioned at the bottom of the form.
 - The conference participants should understand that the conference 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 Card

Credit Card No.

Expiry Date
MONTH YEAR

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 number has been compromised.

CANCELLATION POLICY

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

Date Signature