

CONFERENCE REGISTRATION FORM



DUBAI ANAESTHESIA CONFERENCE & EXHIBITION

Dubai Anaesthesia 2012

6-8 March

Mohammed Bin Rashid Al Maktoum
Academic Medical Center
Dubai Healthcare City, Dubai - UAE

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 _____

Registration Fee

<input type="checkbox"/> MOH/DHA/EMA	US\$ 410 / AED 1500
<input type="checkbox"/> Physicians / Doctors	US\$ 500 / AED 1800
<input type="checkbox"/> Nurses / Technicians	US\$ 220 / AED 800
<input type="checkbox"/> Students / Trainees	US\$ 140 / AED 500

Pre-Conference Workshops

<input type="checkbox"/> Airway Management	US\$ 275 / AED 1000
<input type="checkbox"/> Ultrasound in Regional Anaesthesia	US\$ 275 / AED 1000
<input type="checkbox"/> TCI - Target Control Infusion	US\$ 140 / AED 500
<input type="checkbox"/> Echocardiography in Anaesthesia/ICU	US\$ 85 / AED 300

- NOTE:**
- Student, Trainee, Nurse and Technician must provide a valid ID card upon registration.
 - 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.dubaianaesthesia.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 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 _____

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
narisa.certeza@index.ae