

Registration Form

Please complete the registration form and courier to **Prime Hospital**, Air port road, Garhoud, Dubai - UAE.

Personal Details

Title: Prof. Dr. Mr. Ms.

First name(s): _____ Last name: _____

Institution/Company: _____ Nationality: _____

Address: _____

City: _____ State: _____ Country: _____ Postal / Zip Code: _____

Phone : _____ Mobile: _____ Fax: _____

Email: _____

Registration Fees

	Registration Categories	Early Registration	Late Registration
<input type="checkbox"/>	Physician	AED 250	300 AED
<input type="checkbox"/>	Allied Health Professional/ Nurse/Resident/Dietician	FREE	FREE

- Registration fees entitles participants to attend all the general & break-out sessions, entrance to exhibition, coffee breaks, lunch, congress materials and dinners.
- Cheque to be made in favour of **PRIME HOSPITAL LLC**



Venue:

Le Meridien Hotel, Dubai

Opp. Airport Road Terminal 1, Dubai

Tel: +971 4 702 2500 www.lemeridien-dubai.com