REGISTRATION FORM

PERMANENT DELEGATE ID:

(If you have Permanent Delegate ID, please proceed to PAYMENT DETAILS)



PERSONAL INFORMATION																					
Full Name :																					
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Profession :	Profession: ☐ Doctor (Speciality) ☐ Allied Medical ☐ Student															ent					
Department:	epartment: Medical Dental Others (Please specify))						
Institution Name :																					
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Mode of Payment: Cash Cheque (Subject to realization) Credit Card Later								n)	□ Bank Transfer Account Number : 101 2239 857 001 IBAN No. : AE580260001012239857001 Account Name : IBIN SINA MEDICAL CENTRE Bank Name : Emirates NBD, Ajman Branch												
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Category	Registration with Payment Upto 3rd March						Registration with Payment From 3rd March to 27th March								On Spot Registration						
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Same category substitution possible till March 10th. 50% service charge applicable to cancellation till March 26th.

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