



## INTERNATIONAL MEDICAL CARE & DIAGNOSTIC CONFERENCE & EXHIBITION

# IMD DUBAI 2009

Dubai International Convention and Exhibition Centre

7 - 9 April, 2009

### CONFERENCE REGISTRATION FORM

Conference Fees April 07 – 09, 2009	Early Registration 15% discount on or before 31 <sup>st</sup> December 2008	Early Registration 10% discount after 31 <sup>st</sup> December 2008	Registration after 15 <sup>th</sup> February 2009
<input type="checkbox"/> Anaesthesia and Pain Management (Dubai Anaesthesia 2009)	US\$ 345 / AED 1,275	US\$ 350 / AED 1,350	US\$ 410 / AED 1,500
<input type="checkbox"/> Critical Care (ICCC 2009)			
<input type="checkbox"/> Emergency and Catastrophe Management (IECM 2009)			
<input type="checkbox"/> Dubai Health Authority / MOH / EMA	US\$ 290 / AED 1,065	US\$ 305 / AED 1,125	US\$ 340 / AED 1,250
<input type="checkbox"/> Nurses / Paramedic / Technicians	US\$ 185 / AED 680	US\$ 200 / AED 720	US\$ 220 / AED 800
<input type="checkbox"/> Students *No Lunch      ** Kindly provide your valid ID	US\$ 60 / AED 215	US\$ 65 / AED 225	US\$ 70 / AED 250

ICCC Pre Conference Course	Early Registration 15% discount on or before 31 <sup>st</sup> December 2008	Early Registration 10% discount after 31 <sup>st</sup> December 2008	Registration after 15 <sup>th</sup> February 2009
<input type="checkbox"/> ICCC Course	US\$ 575 / AED 2,125	US\$ 610 / AED 2,250	US\$ 680 / AED 2,500

Anaesthesia Workshops - 06 April 2009	Early Registration 15% discount on or before 31 <sup>st</sup> December 2008	Early Registration 10% discount after 31 <sup>st</sup> December 2008	Registration after 15 <sup>th</sup> February 2009
<input type="checkbox"/> Ultrasound Guided Regional Anaesthesia	US\$ 460 / AED 1,700	US\$ 490 / AED 1,800	US\$ 545 / AED 2,000

#### Payment Terms:

- Conference fee is non-refundable.
- Payment can be made either by cash or credit card to :  
**INDEX® Conferences & Exhibitions Organisation Est.**

The conference fee will include daily lunch, coffee break and certificate of attendance.

المؤتمر والمعرض الدولي للتشخيص والعناية الطبية  
INTERNATIONAL MEDICAL CARE & DIAGNOSTIC CONFERENCE & EXHIBITION  
**IMD DUBAI 2009**

**CONTACT NAME** (Please write in BLOCK letters). **NOTE:** The name mentioned below will appear the same in the certificate **STAFF NO.**

**DESIGNATION**

**ORGANIZATION**

**ADDRESS**

**P.O. BOX** **CITY**

**COUNTRY**

**MOBILE PHONE** Include your country and area code

**TELEPHONE** Include your country and area code

**FAX** Include your country and area code

**E-MAIL**

**CREDIT CARD DETAILS**

**VISA**  **Master Card**

**CREDIT CARD NO.**

**CVV CODE** **EXPIRY DATE** Day / Month / Year







**NAME ON CARD**

**AUTHORISATION NOTE:**  
Please debit my credit card with an amount of AED/USD .....  
I ..... the card holder will honor this transaction and not hold INDEX® Conferences & Exhibitions Organisation Est. responsible if the credit card has been compromised.

**CANCELLATION POLICY:**  
I understand that the above mentioned charges per registration will be non-refundable.

**SIGNATURE** \_\_\_\_\_

**Note: only cash payment is accepted for onsite registration**

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