

TOPIC

(TICK THE REQUIRED COURSE)

TOPIC	DATE	DAY	TIMING
<input type="checkbox"/> Clinical Updates in Management of Paediatric Emergencies (7 credits)	25 th August 2017	Friday	2:00pm-8:00pm
<input type="checkbox"/> Patient Safety Initiatives and Quality Interventions (7 credits)	29 th September 2017	Friday	2:00pm-8:00pm
<input type="checkbox"/> Updates in Hospice and Palliative Care (7 credits)	27 th October 2017	Friday	2:00pm-8:00pm
<input type="checkbox"/> Review of Intravenous Therapy (6 CME credits)	24 th November 2017	Friday	2:00pm-7:30pm
<input type="checkbox"/> Stroke Management & Rehabilitation (6 CME credits)	22 nd December 2017	Friday	2:00pm-7:30pm

VENUE: Lecture Hall, NMC Specialty Hospital, Electra Street, Abu Dhabi.

Early Bird Registration Fees:

- 1 course (6 CME hours):: Aed. 200/-
- *1 Course (7 CME hours): Aed. 250/-
- 2 courses (12 CME hours): Aed. 370/-
- 2 Courses (13 CME hours): Aed: 420/-
- *2 Courses (14CME hours) : Aed.470/-
- 3 courses (18 CME hours): Aed. 530/-
- 3Courses (19CME Hours): Aed:600/-
- 3 courses (20 CME hours): Aed. 670/-
- *3 courses (21 CME hours): Aed. 730/-

Spot Registration: An additional Aed. 50/- will apply to the above rate.

Discounted rate for every course added after 3 courses
Aed.160/- (6 CME credits) and
Aed. 230/- (7 CME credits) .

American Heart Association BLS & ACLS:
Discounted Price

PAYMENT DETAILS

(TICK THE REQUIRED OPTION)

Cheque Bank Cash _____ (RECEIPT #)

- Cash payment at Eduscope Office
- Payment by cash deposit through Emirates NBD ATM machine. (no charge)
- Bank deposit through Emirates NBD & other bank an additional Aed.25/- (towards bank charges)

Bank Details:

Bank: Emirates NBD (Dubai Healthcare City branch)

Account Name: Eduscope International FZ LLC

Account No: 101 414 693 5401

IBAN: AE90 0260 0010 1414 6935 401

REGISTRATION DETAILS

FULL NAME: _____
(IN BOLD as required in the certificate)

Doctor Nurse Allied Staff (specify) _____

MOBILE NUMBER: _____

EMAIL: _____

PROFESSION: _____

NAME OF HOSPITAL/CLINIC: _____

LICENSE: CPQ HAAD MOH DHA

LICENSE EXPIRY DATE: _____

EMIRATES ID #: _____

FOR MORE COURSES VISIT OUR WEBSITE

www.eduscope.me



Cme Eduscope

FILL IN THE FORM ALONG WITH THE PAYMENT RECEIPT FAX: 04-3635421
OR EMAIL: info@eduscope.me OR UPLOAD IN THE WEBSITE:
www.eduscope.me

**REGISTRATION CONFIRMED ONLY AFTER PAYMENT.
FEE IS NON-REFUNDABLE.**

**TWO WORKING DAYS REQUIRED FOR RESCHEDULING DATES.
LATE COMERS WILL NOT BE ENTERTAINED**

DATE OF REGISTRATION: _____

Signature