

TOPIC
(TICK THE REQUIRED COURSE)**DATE****DAY****TIMING**

<input type="checkbox"/>	Intravenous and Intraosseous Therapy (6 CME credits)	January 04, 2019	Friday	At 2:00pm
<input type="checkbox"/>	Updates on Traumatic Brain Injury (8 CME credits)	January 11, 2019	Friday	At 2:00pm
<input type="checkbox"/>	Triage: Time is Life (6 CME credits)	January 18, 2019	Friday	At 2:00pm
<input type="checkbox"/>	Fast Track Management of Acute Chest Pain (7 CME credits)	January 23, 2019	Wednesday	At 2:30pm

Early Bird Registration Fees: (Including VAT 5%)

- 1 course (6 CME hours): AED 210/-
- 1 Course (7 CME hours): AED 260/-
- 1 Course (8 CME hours): AED 300/-
- 2 courses (12 CME hours): AED 390/-
- 2 Courses (13 CME hours): AED 440/-
- 2 Courses (14CME hours): AED 500/-
- 2 Courses (15CME hours): AED 540/-
- 2 Courses (16CME hours): AED 550/-
- 3 courses (18 CME hours): AED 580/-
- 3Courses (19CME Hours): AED 630/-
- 3 courses (20 CME hours): AED 700/-
- 3 courses (21 CME hours): AED 770/-

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 (Wafi Mall branch)**Account Name:** Eduscope International FZ LLC**Account No:** 101 414 693 5401**IBAN:** AE90 0260 0010 1414 6935 401**VENUE:** Eduscope International, Suite 103 & 202,
Building 24, Dubai Healthcare City.**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**
 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