

**CME COURSES FOR LICENSE RENEWAL FOR ALL HEALTH CARE PROFESSIONALS****ALL COURSES ARE ACCREDITED BY HAAD - CATEGORY-1****TOPIC**  
(TICK THE REQUIRED COURSE)**DATE****DAY****TIMING**

<input type="checkbox"/>	Updates on Traumatic Brain Injury (8 CME credits)	May 03, 2019	Friday	At- 2:00pm
<input type="checkbox"/>	Communicable Diseases and Its Prevention (8 CME credits)	May 10, 2019	Friday	At-2:00pm
<input type="checkbox"/>	Management of Dental Emergencies (8CME credits)	May 15, 2019	Wednesday	At-2:30pm
<input type="checkbox"/>	Management of Epilepsy (7 CME credits)	May 24, 2019	Friday	At-2:00pm
<input type="checkbox"/>	Basic and Advanced Airway Management (8 CME credits)	May31, 2019	Friday	At-2:00pm

**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](mailto:info@eduscope.me) OR UPLOAD IN THE WEBSITE: [www.eduscope.me](http://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