

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

TOPIC	DATE	DAY	TIMING
<input type="checkbox"/> Infection Control: Updates and Guidelines (8 credits)	5 th January 2018	Friday	2:00pm-8:30pm
<input type="checkbox"/> Basic and Advanced ECG Interpretations and Management (7 credits)	12 th January 2018	Friday	2:00pm-8:00pm
<input type="checkbox"/> Emergency Management (8 CME credits)	17 th January 2018	Wednesday	2:30pm-9:00pm
<input type="checkbox"/> Pharmacological Management of Emergency Drugs (7 CME credits)	26 th January 2018	Friday	2:00pm-8:00pm

VENUE: Eduscope International, Suite 103 & 202, Building 24, Dubai Healthcare City.**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/-

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