

CME COURSES FOR LICENSE RENEWAL FOR ALL HEALTH CARE PROFESSIONALS**ALL COURSES ARE ACCREDITED BY HAAD - CATEGORY-1****TOPIC**

(TICK THE REQUIRED COURSE)

TOPIC (TICK THE REQUIRED COURSE)	DATE	DAY	TIMING
<input type="checkbox"/> Wound Ostomy and Skincare Management (6 CME credits)	2 nd March 2018	Friday	2:00pm-7:30pm
<input type="checkbox"/> Patient Safety Initiatives and Quality Interventions (7 CME credits)	9 th March 2018	Friday	2:00pm-8:00pm
<input type="checkbox"/> Airway Management (7 CME credits)	16 th March 2018	Friday	2:00pm-8:00pm
<input type="checkbox"/> Violence and Aggression Management in Healthcare Setting (6 CME credits)	23 rd March 2018	Friday	2:00pm-8:00pm
<input type="checkbox"/> Stroke Management & Rehabilitation (6 CME credits)	28 th March 2018	Wednesday	2:30pm-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 (14 CME hours) : Aed. 500/-
- 2 Courses (15 CME hours) : Aed. 540/-
- 2 Courses (16 CME hours) : Aed. 550/-
- 3 courses (18 CME hours): Aed. 580/-
- 3 Courses (19 CME 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 WEBSITEwww.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