

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

<b>TOPIC</b> (TICK THE REQUIRED COURSE)	<b>DATE</b>	<b>DAY</b>	<b>TIMING</b>
<input type="checkbox"/> Wound Ostomy and Skincare Management (6 CME credits)	3 <sup>rd</sup> November 2017	Friday	2:00pm-7:30pm
<input type="checkbox"/> Stroke Management and Rehabilitation (6 CME credits)	15 <sup>th</sup> November 2017	Wednesday	2:30pm-8:00pm
<input type="checkbox"/> Airway Management (7 CME credits)	17 <sup>th</sup> November 2017	Friday	2:30pm-8:00pm
<input type="checkbox"/> Infection Control:A Practical Guide for Healthcare Facilities (6 CME credits)	24 <sup>th</sup> November 2017	Friday	2:00pm-7:30pm

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

**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 (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](http://www.eduscope.me)



Cme Eduscope

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