

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"/> Patient Safety Initiatives and Quality Interventions (7 CME credits)	6 th October 2017	Friday	2:00pm-8:00pm
<input type="checkbox"/> Science of Pain and its Management (7 CME credits)	13 th October 2017	Friday	2:00pm-8:00pm
<input type="checkbox"/> Managerial Skills in Healthcare Settings (6 CME credits)	18 th October 2017	Wednesday	2:30pm-8:00pm
<input type="checkbox"/> Diabetes and Foot care: An Evidence Based Team Approach (6 CME credits)	20 th October 2017	Friday	2:00pm-7:30pm
<input type="checkbox"/> Review of Intravenous Therapy (6 CME credits)	27 th October 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 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.meREGISTRATION 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