

# EDUSCOPE INTERNATIONAL

## CME REGISTRATION FORM

### CANDIDATE INFORMATION

**\*\*PLEASE WRITE ALL DETAILS LEGIBLY IN CAPITAL AS REQUIRED IN CERTIFICATE**

Name:	Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Mobile Number:	Organization:
License Expiry Date:	License: <input type="checkbox"/> DHA <input type="checkbox"/> MOH <input type="checkbox"/> HAAD <input type="checkbox"/> DHCA
Email ID: (Pls write legibly)	<b>KINDLY PROVIDE THE ACTIVE, WORKING MAIL ID TO SHARE THE WEBINAR LINK &amp; CERTIFICATE</b>

### COURSE DETAILS

SL NO	NAME OF THE COURSE	COURSE DATE	START TIME	TICK YOUR DESIRED COURSE
1	<b>BRONCHIAL ASTHMA &amp; ITS MANAGEMENT</b>	22/02/2026 Sunday	11:00 AM	
2	<b>ECG INTERPRETATION</b>	08/03/2026 Sunday	11:00 AM	
3	<b>BEST PRACTICES FOR INFECTION CONTROL</b>	12/04/2026 Sunday	11:00 AM	
4	<b>TRAUMA CARE PRINCIPLES</b>	17/05/2026 Sunday	11:00 AM	

***The CME POINTS of these Accredited Webinars can be used for license renewal as category 1, even though it is online.***

- Forward the completed registration form along with the payment receipt to the email id below.

[info@eduscope.me](mailto:info@eduscope.me) OR [cme@eduscope.me](mailto:cme@eduscope.me)

**MODE OF PAYMENT:**

1. **CASH PAYMENT:** You can visit us in our Training Center
2. **CHEQUE PAYMENT:** Payable to Eduscope International FZ LLC (cheque should be cleared 5 days before the course date)
3. **BANK:** through (a) cash deposit Emirates NBD ATM (no charge); (b) Bank deposit through Emirates NBD

**BANK DETAILS:**

BANK DETAILS:	
Account Name:	Eduscope International FZ LLC
Account No.:	101 414 693 5401
Bank:	Emirates NBD (Wafi Mall Branch)
Swift Code:	EBILAEAD
Iban No.:	AE 90 0260 0010 1414 6935 401

**General Policies:**

- Webinar link will be shared to the registered candidates via email two days prior to the session, and the certificates will be issued online three days post session.
- Eduscope International has the right to cancel or reschedule a specific course. In case of cancellation and rescheduling, we will notify and candidates will have an opportunity to select alternative courses.

**“NO REFUND POLICY” IS APPLICABLE.**

**RESCHEDULE POLICY:**

- ❖ Reschedule request to be notified at least a week prior to the course date with valid reason and supportive documents. Reschedule is possible only **“once”**.
- ❖ Reschedule on the course day will be approved **ONLY** with supportive documents.
- ❖ Nonattendance, without notification is considered absent and the Course will be forfeited.
- ❖ Certificate will **NOT** be issued if the candidate does not attend the complete webinar session.

**I HEREBY CONFIRM THAT I HAVE READ AND UNDERSTOOD THE ABOVE-MENTIONED POLICY.**

Signature:

Date: