

ADVANCES IN SURGERY AND MEDICINE 2010

Registration Form

Groups	Registration Fees	Spot Registration
(Non AKMG Doctors)	AED.300	
DHA Doctors	AED 100	AED 500
AKMG Life Members/ SSS Members	AED 200	
Nurses/ Paramedics	AED.150	

Please fill in CAPITAL LETTERS

Name:.....Medical/ Nurse/ Student/
Paramedic

Institution:.....POBox.....Emirates:.....

Mobile.No.....Tel.No.....Fax.....

Reg.Fees.Paid AED..... Date.....

Signature..... e-mail ID

Mode Of Payment:

1. Bank remittance to **Emirates Islamic Bank Acc No: 0014 676 918001** to Dr Nirmala Reghunathan/ Dr Feroz Gaffoor
(You may fax the filled form & receipt of payment with candidate name to Fax No: 00971 4 3938786 or Scan the Document and email to ferozpry@gmail.com / drnirmala@hotmail.com)
and **bring original receipt at time of CME for Registration cards**

2.Crossed Cheque in name of **Dr Nirmala Reghunathan / Dr Feroz M A Gaffoor**
and post it to PO Box: **29254**

Certificates can be collected after the CME hours on proof of payment & ID card only.

RECEIPT

Received with thanks Dhs.....from Dr / Mr / Ms.....
Towards the Registration Fee for the DHA Approved **6 Hour CME** organized by AKMG Emirates (Dubai Chapter), on Friday 15th October 2010 starting 8:00 AM to 05:00 PM at Rashid Medical Library Auditorium .

Received.by.....Signature.....