

Cardiovascular & Diabetes Symposium



Submitted for Accreditation
UAE University, Al Ain



AKMG Emirates
Abudhabi Chapter

Hotel Intercontinental Abudhabi
Friday 12th Nov 2010 | 8am to 5pm



REGISTRATION FORM

Reg.No.

[to register, fill and fax this form along with Bank receipt to
02-6312616 or mail to akkalath@gmail.com]

Name: _____
(In capital Letters)

Institution/Hospital _____

Designation: _____

Address: _____

PO Box No: _____ City/Emirate: _____

Phone No: _____ Mob: _____

Fax: _____

Email : _____

Registration Fees

Group	Till 4 th Nov 2010	5 th to 9 th Nov 2010	Spot registration (7.30 to 8.00am)
1.Doctors	250	300	400
2.Nurses/Pharmacist/ Technicians/Students	200	250	300

Payment will be accepted in the form of cash or
cheque in favour of

Dr. Joseph Kurian,

Ac/No: 900 20 20000 5471

Bank of Baroda, Hamdan Street, Abudhabi

Drop in point (9am to 1pm & 5pm to 9pm)

Dr. Leena Najib

5th floor, Silsila Textiles Building

Behind UAE Exchange/Sky Jewellery

Hamdan Street, Abudhabi.

For enquiries regarding CME program, please
Contact:

Dr. Leena najib,

050 5961956, akkalath@gmail.com

Dr. Asif,

050 2209349, paasif@hotmail.com

Dr. Nimi George,

050 8341341, nimiserah@gmail.com

Dr. Biju Ittimani;

050 3217545; bjuittimani@hotmail.com

FOR OFFICE USE ONLY

Registration form Received by (Name): _____

AED _____ Cash/Cheque/Bank Slip ON (Date) _____

Group 1 2 other Signature with date _____

Date : _____ Registration No.: _____

Received with thanks from Dr _____ AED _____ Cash/Cheque/Bank Slip

Received by _____ Signature _____