







PERSONAL DETAILS

Title:	Prof. Or.	◯ Mr.	Ms.	Others.			
First name(s)*:		La	st name(s)*:	:			
Job Title*:		S _I	peciality *:				
Organisation Type*:	Academic/In	stitute	Hospita	al/Mediacl Cent	re/Clinic		
	Private Pract	ice	Other S	pecify			
Organisation*:		Er	mail*:				
Main Adress*:		Co	ountry*:				
Tel*:		Pe	ersonal ID:				
REGESTI	RATION FEES						
CATEGORY	EARLY BEFOR 15 OCT		LATE OR 25 NOV 2	019	N-SITE		
DOCTORS	100	\bigcirc	120	\bigcirc	180		
NURSES	60		80	\bigcirc	100		
ALLIED MEDICA	80	$\overline{\langle}$	100		120		
		то	TAL AMOU	NT			
* REGISTRATION COFFEE BREAK		JLL CONFEREN	ICE ACCES	S , CONFEREN	ICE MATE	RIAL,	
ACCOM	MODATION						
ROOM CATEGORIES SINGLE ROOMS DOUBLE NO. OF NIGHTS CHECK OUT DATE CHECK OUT DATE							
THE GULF HOT	THE GULF HOTEL SUPERIOR 65 77						
THE GULF HO	THE GULF HOTEL DELUXE 77 89						
THE K	HOTEL	45	50				
			TOTAL AMO	DUNT (



" Safe & High Quality Health Services



- 30 November 2019







100% refund - the congress secretariat must receive a notification of cancellation in writing at least 30 days before the event.

This will entitle the delegate to a 100% refund less an administrative fee of USD 100.00 or BHD 37.500

No refund - 100% cancellation fee will be charged for any cancellations made within 30 days prior to the event date.

Notifications of cancellations must be sent by email to sales@promedme.com & ahmed@promedme.com

4	SUB TOTAL REGISTRATIONS		вно
1	SUB TOTAL HOTEL ACCOMMODATION	>	вно
4	GRAND TOTAL	X	вно

PAYMENT OPTIONS

BANK TRANSFER

Payments by transfer can be made to:

Ahli United Bank, Baharin Swift Code: AUBBBHBM A/c Name: Education Plus

Account Number: 0016-201649-001 IBAN: BH16-AUBB-00016201649001

CHEQUES / DRAFTS PAYMENT

Cheques / drafts should be made payable to:

Education Plus

Organised by:





