

**Email\*:** \_\_\_\_\_

Prefix:  Prof.  Dr.  Mr.  Mrs.  Ms. (Please write name in **BLOCK** letters)

First Name\*: \_\_\_\_\_

Last Name\*: \_\_\_\_\_

**Note:** The above-mentioned name will appear the same in the Certificate of Attendance.

Age\*:  15 - 24  25 - 34  35 - 44  45 - 54  54 - 64  65+

Nationality\*: \_\_\_\_\_

Job Title\*: \_\_\_\_\_

Company\*: \_\_\_\_\_

Address Line 1\*: \_\_\_\_\_

City\*: \_\_\_\_\_

Country\*: \_\_\_\_\_

P.O.Box\*: \_\_\_\_\_

Work Phone\*: \_\_\_\_\_

Fax: \_\_\_\_\_

Mobile Phone\*: \_\_\_\_\_

\* Mandatory

<b>CATEGORY</b>	<b>EARLY BIRD</b> Till June 30, 2017	<b>PRE-REGISTRATION</b> Till October 31, 2017	<b>ON-SITE</b> After November 1, 2017
<input type="checkbox"/> Doctors/Radiologists	<b>1100</b> AED	<b>1430</b> AED	<b>1760</b> AED
<input type="checkbox"/> Technicians/Nurses	<b>550</b> AED	<b>770</b> AED	<b>990</b> AED
<input type="checkbox"/> Conference Students	<b>350</b> AED	<b>350</b> AED	<b>350</b> AED

<b>PARALLEL SESSIONS</b>		
<input type="checkbox"/> Breast Imaging Summit (5 <sup>th</sup> November 2017)		<b>350</b> AED
<b>Radiographer Session :</b>		
<input type="checkbox"/> Students (6-7 <sup>th</sup> November 2017)		<b>150</b> AED
<input type="checkbox"/> Radiographers (6-7 <sup>th</sup> November 2017)		<b>200</b> AED

**NOTE:**

- For Visa Assistance kindly fill in the form that you can download from [index.ae/visa](http://index.ae/visa) and follow the instructions accordingly. Visa charges, terms and conditions are mentioned in the form. Once filled, send it to the email mentioned.
- Please refer to the registration terms & conditions on <http://radiologyuae.com/registrationterms-conditions>
- Technicians & Nurses must provide a valid ID card.

**PAYMENT** can be made either by cash or credit card to: INDEX® Conferences & Exhibitions Organisation Est.

**PAYMENT DETAILS:**  Cash  Visa  Master Card

Credit Card No. \_\_\_\_\_

Expiry Date \_\_\_\_\_

MONTH YEAR

Name on Card \_\_\_\_\_

### **AUTHORISATION NOTE**

Please debit my credit card with an amount of AED..... I .....the card holder will honor this transaction and not hold INDEX® Conferences & Exhibitions Organisation Est. responsible if the credit card number has been compromised.

### **CANCELLATION POLICY**

I understand that the above mentioned charges per registration will be non-refundable.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Contact us: