Advancing Excellence in Dental Care

Ajman University of Science and Technology, College of Dentistry
Faculty of Dentistry, Royal College of Surgeons in Ireland

4-5th April 2010

Sheikh Zayed Centre for Exhibitions and Conferences
Ajman University of Science and Technology,
Al Jurf Campus, Ajman, UAE

CONFERENCE REGISTRATION FORM

Registration no.: (For Official use only)	Date:

Personal details

Title: (Prof/Dr/Mr./Mrs./Ms.)	
Name: (Please ensure that the name is written in BLOCK letters as the below mentioned will be appear the same in the Certificate of Attendance)	
Institution: (Clinic/Hospital/University)	Designation:

Contact details

Telephone:	Mobile:
Fax:	Email address:
P.O. Box:	City / Country:

Category	Fees*
☐ Doctors (Non-EMA Members)	AED 500 / US$ 136
☐ Doctors (EMA Members* & Part-Time AUST-COD Staff)	AED 400 / US$ 109
☐ Allied Medical Professionals**	AED 300 / US$ 82
☐ Students, Trainees and AUST Alumni**	AED 250 / US$ 68

* EMA Members will have to present a valid membership card.
** Allied Medical Professionals, Students and Trainees will be required to provide a valid ID card upon registration.

* Entitlements: Conference Materials, Certificate of Attendance, Lunch & Refreshments on all conference days

Payment details

Payments will be accepted either through CASH or CREDIT CARD

Mode of payment:
- ☐ Cash
- ☐ Visa / Master Card
- ☐ Bank Transfer

Bank Details: Mashreq Bank, Riqa Branch-Dubai,
Account No.: 0493141592 Swift Code: BOMLAEAD

Credit Card No.	
Name on card:	
CVV Code: (Last 3 digits of your card's signature strip)	Expiry Date:

Authorization: Please debit my credit card with an amount of AED_____. I, _____, the card holder will honor this transaction and not hold Ajman University of Science and Technology responsible if the credit card number has been compromised.

Signature: _____ Date: _____

For Registration, contact: *Miss. Nada Abou Naaj*

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