

# REGISTRATION FORM

Please fill-up the information and email to [registration@ecsc-wspchs.org](mailto:registration@ecsc-wspchs.org)

**26-27 October, 2016 - Wednesday and Thursday**

## Required Information

### Personal Details

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Degree:  MD  RN  RT

Name of Hospital/Practice/Company: \_\_\_\_\_

Address: \_\_\_\_\_

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

Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Registration Fee:

4,990 AED

### Date:

October 26 - 27

### Accepted Methods of Payment

All registration fees should be paid in advance made out to K.I.T. Group Middle East, mentioning CMR 2016. Please do not forget to indicate your first and last name on the payment.

#### Payments can be made by:

##### 1. Bank Transfer

Bank Account Name: **K.I.T. Group Middle East LLC**  
IBAN Number: **AE55035000006204216429**  
Bank Account Number: **6204216429**  
Swift Code: **NBADAEAACPU**  
Bank Name: **National Bank of Abu Dhabi**  
Branch Name: **National Bank of Abu Dhabi #194**  
Bank Address: **P.O. Box 77789, Abu Dhabi, UAE**  
Reference: **MRI Course 2016**

Please make sure all bank fees are covered by submitting account and that the payment is free of charge for the receiver account. Please mention your first and last name and "CMR 2016" on the bank transfer.

Bank Transfer payment is acceptable until **15 October 2016**.

Kindly send a proof of payment to [registration@ecsc-wspchs.org](mailto:registration@ecsc-wspchs.org)



Your signature authorizes your credit card to be charged for the total payment due. The Abu Dhabi CMR Certification Course reserves the right to charge the correct amount if different from the total amount listed.

## 2. Credit Card

Visa or MasterCard are accepted. Credit cards are debited in AED.

### Please charge my credit card:

MasterCard  VISA

Name of Card Holder: \_\_\_\_\_

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

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

CVC (Card Validation Code): \_\_\_\_\_

*(Reverse the side of the card in the signature filed, last 3 digits)*

I hereby authorize K.I.T. Group Middle East FZ LLC to charge this credit card for the total amount due as well as any amount due for any subsequent changes to my registration to CMR 2016. Please note that K.I.T. Group Middle East FFZ LLC will be the reference printed on your credit card information.

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Name and Signature

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Date

### **ON CANCELLATION AND SUBSTITUTIONS, PLEASE READ BELOW CAREFULLY**

Cancellations and substitutions must be made in writing.

Cancellation may be accomplished before 15 October 2016 with a full refund, less 20% administration charge.

Notification of cancellation received after this date will be responsible for the full registration fee.

Substitution will be accepted until 15 October 2016.

