2nd Emirates International Orthopaedic Congress
28 – 30 November 2013
Event Centre Dubai Festival City
www.uaeortho.com

REGISTRATION FORM

Personal Details

Title:     Prof. Dr. Mr. Ms.
Gender:     
First Name:     Last Name:     
Nationality:     Company Name:     
Address:     
Country:  City:   Postal / Zip Code:  
Phone:   Mobile:   Fax:  
Email:  

Items

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<td>Students**</td>
<td>AED 150 – US$ 45</td>
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*Registrants* will be entitled to access the General Scientific Sessions, a Set of Conference Material, Entrance to Exhibition, Daily Coffee Breaks.

**Students** will be entitled to access the General Scientific Sessions, a Set of Conference Material if available, Entrance to Exhibition, Daily Coffee Breaks.

Important:
- For verification purposes, a copy of ID is required as a proof in order to avail a Non-Physician registration fee.
- Letter from the program director is required to benefit from the Resident registration rates.

Terms and conditions:
- The above mentioned charges per registration will be non-refundable, non-transferable and cannot be cancelled.
- The registration fee of the date of payment is going to be applicable and invoiced.
- Payments made 10 days prior to the conference require a letter of guarantee or a proof of payment.

Total Registration Fees:       AED
Payment Options:

- **By Wire Transfer:** All transfers must be in AED (Arab Emirates Dirhams) and received within 7 (SEVEN) business days of your registration.

  USE THE DETAILS BELOW WHEN MAKING YOUR WIRE TRANSFER.
  Bank Account Name: InfoPlus Events LLC.
  Bank Details: Emirates NBD
  Branch: Jumeirah Branch, Dubai, U.A.E.
  A/C NO: 101 46922328 01
  IBAN: AE54 0260 0010 1469 2232 801
  Swift Code: EBILAEAD

  All wire transfer amounts must be in AED (Arab Emirates Dirhams).
  The sending institution and any intermediary banks may deduct service charges. These costs will be the responsibility of the delegate.

- **Credit Card Payment Authorization:** Only Visa and MasterCard are accepted.

  I hereby authorize InfoPlus Events LLC. to debit my credit card as follows

  Credit Card Payment Authorization

  ![Credit Card Payment Authorization](image)

  Credit card number:       Expiry Date:  
  Credit Validation code (3 digits on reverse of your credit card): Grand Total AED:  
  Credit card holder's name (please print):  
  Signature: Date: