

# BEAUTY AND THE BEAM



## “POST CONFERENCE WORKSHOPS”

LIFECARE HC  
MATLOOB BUILDING,  
SHEIKH ZAYED RD. DUBAI  
OCT 14, 2017 | 9AM-5PM

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

Please print your name here EXACTLY as it should appear on your certificate.

Specialty: \_\_\_\_\_

Academic Title: \_\_\_\_\_

License:  HAAD  MOH  DHA  Others: \_\_\_\_\_

Name of Clinic/Practice: \_\_\_\_\_

City/Country: \_\_\_\_\_

Mobile number: \_\_\_\_\_

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

• How did you know about our course?

Internet  Friends  Others, Specify: \_\_\_\_\_

• Special Dietary requirements?

None  Vegetarian  Others: \_\_\_\_\_

### Admission requirements:

1. Completely filled-in registration form
2. Valid passport copy or Emirates I.D. copy.
3. Medical / Aesthetician Licensed copy (Front & Back).
4. Copy or scan of payment receipt or wire transfer receipt.



## Registration fees

Included:

1. Scientific sessions and workshops with hands-on training
2. Coffee breaks & meal during the course
3. Products, materials & disposables used at workshops
4. Black and white printed lecture notes & Certificate

		US DOLLARS
Oct 14	• Workshop	3000

## Methods of Payment:

(Registration is confirmed only upon submission of proof of payment)

Wire Transfer\* or Money Exchange to the Organizer:

Account Name: LIFE CARE HEALTH CONSULTANCY FZCO  
EMIRATES ISLAMIC BANK  
Account No. 3707571857001  
Swift Code: MEBLAEDXXX  
IBAN: AE140340003707571857001

\*Bank transfer charges on sender.

## Cancellation policy:

No refund of course fees for cancellations  
The organizer reserves the right to cancel or alter the content and timing of the programme or the identity of speakers  
Late registration will not be entertained

\*This course is a public event and photography is being taken to document lectures and workshops. If you have any objections, please inform the event coordinator to arrange a seat for you in a blind area to the camera.

## DECLARATION:

I hereby read and understood the eligibility criteria, registration and payment terms. I have enclosed all details needed for my admission.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Registration form to be sent by email [info.lifecare@thk.ae](mailto:info.lifecare@thk.ae) or fax +971 4 3808666.