

# MENOPAUSE DUBAI

NEW TECHNOLOGIES. INTEGRATED CARE  
"IN PURSUIT OF EXCELLENCE"

**THE ADDRESS BOULEVARD**  
DUBAI

Oct 12-13, 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

Check (✓) inside the box :

	Early Bird Until Sept 10 2017	Sept 11 Until Oct 11 2017	On-site
<input type="checkbox"/> Day 1 Oct 12	550 USD	600 USD	700 USD
<input type="checkbox"/> Day 2 Oct 13	550 USD	600 USD	700 USD
<input type="checkbox"/> Day 1 & 2	1000 USD	1100 USD	1,300 USD
<b>TOTAL AMOUNT:</b>			

## 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: MEBLAEADXXX  
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.