

Title:  Prof.  Dr. (Please write the name in BLOCK letters)

**Note:** The name mentioned below will appear the same in the certificate of attendance

Contact Name \_\_\_\_\_

Organisation \_\_\_\_\_

Designation \_\_\_\_\_

Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_

Tel \_\_\_\_\_ Mobile \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Select <input checked="" type="checkbox"/> your Registration	Early Bird Registration UNTIL 31 <sup>st</sup> December 2010	Pre-Registration UNTIL 28 <sup>th</sup> February 2011	Registration FROM 1 <sup>st</sup> March 2011
<input type="checkbox"/> <b>Pre-Conference Course (15-18 April 2011)</b> Dermatology & Dermatopathology Course <small>(Fee includes Course Material, Lunch, Coffee Break and Accredited Certificate)</small>	US\$ <b>600</b> / AED <b>2,200</b>	US\$ <b>675</b> / AED <b>2,475</b>	US\$ <b>750</b> / AED <b>2,750</b>
<input type="checkbox"/> <b>Conference (19-21 April 2011)</b> <small>(Fee includes Conference Material, Lunch Coffee Break and Accredited Certificate)</small>	US\$ <b>330</b> / AED <b>1,200</b>	US\$ <b>370</b> / AED <b>1,350</b>	US\$ <b>410</b> / AED <b>1,500</b>
<input type="checkbox"/> <b>Workshops (19-21 April 2011) Lecture &amp; Live Demonstration</b>			
<input type="checkbox"/> Skin Fillers & Botox	US\$ <b>330</b> / AED <b>1,200</b>	US\$ <b>370</b> / AED <b>1,350</b>	US\$ <b>410</b> / AED <b>1,500</b>
<input type="checkbox"/> Mesotherapy	US\$ <b>330</b> / AED <b>1,200</b>	US\$ <b>370</b> / AED <b>1,350</b>	US\$ <b>410</b> / AED <b>1,500</b>
<input type="checkbox"/> <b>Workshops (19-21 April 2011) Hands On (Limited to 10 Participants)</b>			
<input type="checkbox"/> Skin Fillers & Botox	US\$ <b>545</b> / AED <b>2,000</b>	US\$ <b>615</b> / AED <b>2,250</b>	US\$ <b>680</b> / AED <b>2,500</b>
<input type="checkbox"/> Mesotherapy	US\$ <b>545</b> / AED <b>2,000</b>	US\$ <b>615</b> / AED <b>2,250</b>	US\$ <b>680</b> / AED <b>2,500</b>
TOTAL	US\$ <input style="width: 50px;" type="text"/> AED <input style="width: 50px;" type="text"/>	US\$ <input style="width: 50px;" type="text"/> AED <input style="width: 50px;" type="text"/>	US\$ <input style="width: 50px;" type="text"/> AED <input style="width: 50px;" type="text"/>

**NOTE:** If VISA is required, kindly send the Visa Application Form and a Valid Passport Copy along with this form. Form can be downloaded from [www.dubaiderma.com](http://www.dubaiderma.com). Medical Insurance is mandatory to any person travelling to the United Arab Emirates as per the new directives issued by the Dubai Immigration Authorities. Medical Insurance costs US\$20 / AED 60 as indicated in the Visa Application Form.

**PAYMENT** can be made either by cash or credit card to: INDEX® Conferences & Exhibitions Organisation Est.

**PAYMENT DETAILS:**  Cash  Visa  Master Card

Credit Card No.

Expiry Date    
MONTH YEAR

Name on Card \_\_\_\_\_

**AUTHORIZATION NOTE**

Please debit my credit card with an amount of AED..... I, ..... the card holder will honor this transaction and not hold INDEX® Conferences & Exhibitions Organisation Est. responsible if the credit card number has been compromised.

**CANCELLATION POLICY**

I understand that the above mentioned charges per registration will be non-refundable

Date..... Signature.....

For Registration, contact:

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 Fax: +971 4 3624718  
 E-mail: [meghana.bhat@index.ae](mailto:meghana.bhat@index.ae)