

REGISTRATION FORM:

PERSONAL DA	ATA						
Title: Prof.	Dr. Mr.] Ms.					
First Name:				Last Name:			
Specialty:			Present Position:				
Institution:			City:				
Country of Residence:			Nationality:				
Mobile:				SCFHS (If any):			
Email Address:							
CONGRESS RE	GISTRATION I	FEES					
Cat	egory	Until	10 Febru	ary 2015	From 11 Feb	oruary 2015, and Onsite	
Physicians			☐ US\$650			☐ US\$700	
Physicians in Training Other Health Care Professionals		☐ US\$350			US\$400		
Amount in words:			Total Re		Registration Fees	US\$	
TERMS AND C	CONDITIONS						
b. Registration fee ac. If the payment is ad. Should your paymee. If you cannot atte	nent not be received	of payment to the event date, prior to the event nappy to accept a	date, the e	event organize e delegate unt	er reserves the right to c	arantee will be required rancel your pre-registration r this date name changes can	
	ncellation 30 days be				dministrative fee of USE 0 days to the event dat		
ROOM RESERV	VATION AT CO	NGRESS VE	NUE (G	RAND HY	ATT, DUBAI)		
Room Type	Single Room Per	Double Room	Checl	k In Date	Check Out Date	No. of Nights	
Run of the House	Night \$330	Per Night \$362	(dc	l/mm)	(dd/mm)	Sub Total (US \$)	
		,,,,,,			Total Hotel Fees	USD	
VISA SERVICE							

VISA SERVIC	E				
Service	Service	Service	Price Per Person	No. of Persons	No. of Persons
VISA Service*			\$150		

^{*}After submitting the complete registration form and paying the fees, the conference organizer will send a confirmation for the registration and a visa application form. Visa Issuance is subject to approval from Dubai Immigration. To avail of Visa service, booking of the hotel through MedOrg Seminars Organizing



Registration Form Continued/

CREDIT CARD PAYMENT AUTHORIZATION

PAYMENT METHODS

You may pay electronically through *Gulf*Thoracic Congress: www.gulfthoracic.com

or may pay using one of the methods below:

☐ Visa Master ☐ Master Card		
Credit card number:		Expiry Date:
Credit Validation code (3 digits on rev	verse of your credit card):	Grand Total USD:
Credit card holder's name (please pri	nt):	
Signature:	Date:	
BANK TRANSFER (AED)		CHEQUE PAYMENT
Bank Account Name : Bank Account Number : IBAN No. :	AE 48 0260 0010 1456 6214 001 Emirates NBD Emirates NBD P.O. Box 777 Mirdif City Centre Branch Dubai, United Arab Emirates	CHEQUE PAYMENT Cheques/Drafts should be made payable to: "MedOrg Seminars Organizing" Address: MedOrg Seminars Organizing P.O. Box 448861, Office Suite #1301 Level 13, Manara Tower, Business Bay, Dubai, UAE Phone: +971 4 449 6071

ALL CONGRESS REGISTRANTS WILL BE ENTITLED:

Access to All scientific session • Access to the Exhibit Area • Congress bag with all Congress Materials • Certificate of Attendance • CME will be provided • Two coffee breaks and lunch per day.

Please fax or email a copy of both sides of the credit card including your passport copy to:

MedOrg Seminars Organizing P.O. Box 448861, Dubai. Fax: +971 4 432 2202. Email: gulfthoracic@medorg.ae.

Payment is settled in USD according to the exchange rate of the day when the above credit card is debited by MedOrg

