

## SCIENTIFIC PROGRAMME - REGISTRATION FORM

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

Designation: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_

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

Mobile No: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please print/type in BLOCK letters and return this form along with the payment to:

The Exhibition Manager - Gulf Dentex  
AL FAJER INFORMATION & SERVICES  
P.O. Box 11183,  
Dubai  
United Arab Emirates  
Tel: +971-4-3406888  
Fax: +971-4-3403608  
E-Mail: jeen@alfajer.net  
Internet: www.gulfdentex.com

### Mode of Payments

1. Online payment, please visit [www.gulfdentex.com](http://www.gulfdentex.com)
2. Cheque/ DD in favour of Al Fajer information & Services, as per the following bank details
3. For online remittance, please use the following bank details.

### OUR BANK ACCOUNT NUMBER & ADDRESS

AL FAJER INFORMATION & SERVICES  
HSBC BANK (MIDDLE EAST)  
Dubai Main Branch, Dubai, U.A.E.  
Account No. 020-581880-001  
IBAN : AE97020000020581880001  
Swift Code: BBMEAEAD

### Delegate for Technical Sessions

PI tick here	Description	No.	Amount in US \$	
			30-Aug-18	Spot Registration
<input type="checkbox"/>	IDA Member Delegate *		500	600
<input type="checkbox"/>	UAE National/ UAE Resident**		450	550
<input type="checkbox"/>	Student (UG only)	UAE National / UAE Resident**	300	350
<input type="checkbox"/>	Student (UG only)		325	375
<input type="checkbox"/>	Group Registration	More than 3 delegates from same organisation	450	500
<input type="checkbox"/>	Foreign Delegates	Other than UAE National/ UAE Resident/IDA Member	550	650
<input type="checkbox"/>	Gala Night & Dinner		150	200

### Delegate for Hands on Courses

<input type="checkbox"/>	World Federation of Laser Dentistry (WFLD) Course		1,000	1,100
<input type="checkbox"/>	Dental Hygienist Symposium		700	750
<input type="checkbox"/>	Inman Aligner Course		610	650
<input type="checkbox"/>	Add 5% VAT			
<input type="checkbox"/>	Total			

\* Please furnish IDA Membership No/ Category

\*\* Please furnish the copy of Emirates ID

Hospitality includes conference documents and access to coffee breaks and 2 lunches

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

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

Signature of Director/Manager  
with Company Stamp