







Noor Specialist Hospital & Education Plus
Conduct The 3<sup>rd</sup> IMDO Conference
(Internal Medicine, Diabetes and Obesity Conference)





Organised by:



Accredit By:



**Endorsement by:** 





# REGISTRATION FORM

PERSONAL	<b>DETAILS</b>

Title:	O Prof.	O Dr.	Mr.	Ms.	Others.			
First name(s)*:			Last nam	ne(s)*: _				
Job Title*:			Speciality	y *:				
Organisation Type*:		nic/Institute	nstitute O Hospital/Mediacl Centre/Clinic				:	
	O Private	Practice		Other :	Specify			
Organisation*:			Email*:					
Main Adress*:			Country*	·:				
Tel*:			Personal ID:					
CONFERENCE	CE DECISTO	ΔΤΙΩΝΙ Ε	EEC					
CONFERENCE	L KEGISTK	AHONT						
CONFERENCE CATEGORY		EARLY BEFORE 1 <sup>ST</sup> JAN 2020		LATE AFTER 1 <sup>ST</sup> JAN 2020		0	ON-SITE	
DOCTORS		0 8	30	0	110	0	140	
NURSES & PHARMACIST			50	0	90	0	120	
STUDENTS AND INTERNS			35	0	65		95	
TOTAL AMO	LINIT							
TOTAL AMO	UNI							
<b>WORKSHOP</b>	ONLY REG	ISTRATI	ON FEES	5				
ALL CATEGORIES			10	0	60		80	
* Registration Fees Incl	ude Full Confere	nce Access	, Conference	Material	,Coffee Brea	k And Lunc	:h .	
- 5% off For a group of !	5 persons or mo	re.	-10% off For	a group	of 10 person	s or more 3	30.	
ACCOMMO	DATION							
CATEGORY		INGLE OOMS	DOU ROO	BLE MS	NO. OF NIGHTS	CHECK IN DATE	CHECK OUT DATE	
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HOTEL

<sup>\*</sup> The Room Rates Include Taxes And Breakfast Per Night.



# REGISTRATION FORM



### **REFUNDS & CANCELLATION**

100% refund – the congress secretariat must receive a notification of cancellation in writing at least 30 days before the event.

This will entitle the delegate to a 100% refund less an administrative fee of USD 100.00 or BHD 37.500

No refund - 100% cancellation fee will be charged for any cancellations made within 30 days prior to the event date.

Notifications of cancellations must be sent by email to: sales@promedme.com & ahmed@promedme.com

SUB TOTAL REGISTRATIONS	BHD
SUB TOTAL HOTEL ACCOMMODATION	BHD
GRAND TOTAL	BHD



### **PAYMENT OPTIONS**



Payments by transfer can be made to: BBK Bank, Main Branch, Manama, Baharin Swift Code:BBKUBHBM

A/c Name: PROMED EXCELLENT FOR CONFERENCE

Account Number: 200005378715 IBAN: **BH81-BBKU-0020-0005-3787-15** 

#### CHEQUES / DRAFTS PAYMENT

Cheques / drafts should be made payable to: PROMED EXCELLENT FOR CONFERENCE





 Jubai Branch
 Bahrain Branch

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 M:+973 36198634

 1:+971 55 47 22 759
 M:+973 33216108

