

# GULF MEDICAL UNIVERSITY

**P.O.Box: 4184, Ajman, UAE. Tel: 06-7431333 Fax: 06-7431222  
(Accredited by Ministry of Health for 5.5 CME Hrs)**

## REGISTRATION FORM

**Name of the event** \_\_\_\_\_ **Day/Month/Year** \_\_\_\_\_  
**(SPECIFY NAME OF THE EVENT AND REGISTER SEPARATELY FOR EACH SEMINAR)**

*Please fill in CAPITALS / One form per person*

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

**Institution:** \_\_\_\_\_

**P.O.Box:** \_\_\_\_\_ **Emirate:** \_\_\_\_\_

**Tel. No:** \_\_\_\_\_ **Fax. No:** \_\_\_\_\_ **Cell No.** \_\_\_\_\_

**E mail:** \_\_\_\_\_

**Signature**

**REGISTRATION FEE: AED 200.00 (FOR EACH EVENT)**

**\*\* REGISTER 2 WEEKS BEFORE EACH EVENT**

**FAX FILLED UP FORM TO - 06 -7431222**

**REGISTRATION FEE: AED 200.00 FOR PROFESSIONALS AED 150.00 FOR STUDENTS & NURSES**

**(PAYMENT MAY BE MADE AT GMC HOSPITAL AJMAN, GULF MEDICAL COLLEGE AJMAN)**

**NOTE: THE CERTIFICATES WILL BE PREPARED AS PER THE NAME MENTIONED ABOVE.**