GMC HOSPITAL, AJMAN

CONTINUING NURSING EDUCATION PROGRAM

P.O.Box: 4184, Ajman, UAE. Tel: 06-7463333 Fax: 06-7464444

(Accredited by Ministry of Health for 4.5 CNE Hrs)

REGISTRATION FORM

Kindly register me for the following event

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 125.00
**** REGISTER 2 WEEKS BEFORE EACH EVENT**
FAX FILLED UP FORM TO – 06 -7464444
NOTE: THE CERTIFICATES WILL BE PREPARED AS PER THE NAME MENTIONED ABOVE.