



Registration Form

Please complete the registration form and fax/email to the Conference Secretariat

Tel No: +971 (0) 4 311 6300 | Fax No: + 971 (0) 4 311 6301 | Email: dubainutrition@mci-group.com

You can also register online at: www.dubainutrition.ae

Personal Details

Title: Prof. Dr. Mr. Ms. Others

First name(s)*: _____ Last name*: _____ Nationality*: _____

Job Title*: _____ Organization*: _____

Organisation Type*: Academia/Institute Hospital/Medical Centre/Clinic Private Practice Pharma Company Other Specify: _____

Speciality*: Dieticians Nutritionist Diabetician General Physician Wellness Professional Nurse Technician Researcher Scientist

Department*: _____ Email*: _____

Main Address*: _____ Country*: _____

Mobile*: _____ Date of Birth (DD/MM/YY)*: _____

How did you hear about this event? (Please select all that apply)*

- Email Google / Internet Search Online Banner / Internet Phone call from the organiser SMS
- Social media (Facebook, LinkedIn, Twitter, Instagram, Blogs) Via Business Relation / Colleague Other: _____

*fields are mandatory to fill

Registration Fees

	Category (DHA Staff)	Early Registration (Valid Until 15 Sept 2017)	Late Registration (Valid from 15 Sept – 24 Oct 2017)	On-site Registration (Valid from 26-28 Oct 2017)
<input type="checkbox"/>	Nutritionist/ Dietician/ Physician	AED 915	AED 1480	AED 2000
<input type="checkbox"/>	Other Medical Professional	AED 550	AED 950	AED 1280

*Please fill your DHA Staff ID Number: _____

Total Registration Fees _____ AED

	Category (Non-DHA)	Early Registration (Valid Until 15 Sept 2017)	Late Registration (Valid from 15 Sept – 24 Oct 2017)	On-site Registration (Valid from 26-28 Oct 2017)
<input type="checkbox"/>	Nutritionist/ Dietician/ Physician	AED 1280	AED 1,825	AED 2,380
<input type="checkbox"/>	Other Medical Professional	AED 915	AED 1,480	AED 2,000
<input type="checkbox"/>	Students	AED 550	AED 550	AED 550

Total Registration Fees _____ AED

Workshop

Topics	Date	Timing	Fees
Food & Beverage Innovation & Renovation - Success & Challenges	26 October 2017	14:00 - 17:00	AED 200
ASPEN Workshop "Practicalities of Assessing and Managing Nutrition Support"	27 October 2017	09:00 - 12:00	AED 450
Health and Fitness Keys		14:00 - 16:00	AED 200
"Appropriate prescribing of Oral Nutritional Supplements (ONS) in hospital and community" (Nursing Workshop)	28 October 2017	08:00 - 10:00	AED 200
Nutritional Management of Bariatric Surgery Patients		10:00 - 12:00	AED 200

Total Workshop Fees _____ AED

Hotel Accommodation

Hotel	Room type	Single room per night	Double room per night	Check in date (dd/mm)	Check out date (dd/mm)	No. of nights	Sub Total (AED)
InterContinental Hotel, DFC	Deluxe Room	AED 920	AED 1040				

- For your convenience all hotel rates include all taxes and buffet breakfast.
- Hotel rooms are booked on a first come first serve basis. To guarantee a hotel reservation, a compulsory deposit covering your entire stay must be paid by bank transfer or will be charged to your credit card. Bookings will be subject to availability only at the time of reservation.
- Hotel Check in: 14.00 hrs; Check out: 12.00 hrs. In case of early check in, we would kindly request you to pre-book your room one night prior.

Total Hotel Accommodation	_____AED
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Terms & Conditions

- Registrations are confirmed only upon payment receipt
- Registration fees apply as per the date of payment
- If the payment is made within 10 days to the event date, a proof of payment or a credit card/letter of guarantee will be required
- Should your payment not be received 10 days prior to the event date, the Conference Secretariat reserves the right to cancel your pre-registration
- If you cannot attend the event, we are happy to accept a substitute delegate until 24 October 2017. After this date, name changes can only be coordinated onsite with a fee of AED 75.00 per name changed

Cancellation & Refunds

- 100% refund - cancellation 30 days before the event date with a deduction of administrative fee of AED 365.00
- No refund - 100% cancellation fee will be charged for any cancellations 30 days prior to the event date

Bank Transfer

Beneficiary	MCI Middle East LLC
Account	Bank Account (AED): 1011 233252 601 / IBAN: AE200260001011233252601 Bank Account (USD): 1021 233252 602 / IBAN: AE280260001021233252602
Bank	Emirates NBD
Address	P.O. Box 11954, Al Souk Branch, Dubai, U.A.E.
Swift Code	EBILAEAD

* Please indicate your name, your reference number and DNC 2017 against remittance reference enabling our bank to accurately locate your payment.

Payment Mode 2

Credit Card Payment Authorization

Only Visa and MasterCard are accepted.

I hereby authorize MCI Middle East LLC to debit my credit card as follows

Visa MasterCard Credit card number: Expiry Date:

Credit Validation code (3 digits on the back of your credit card): Grand Total AED:

Credit card holder's name (please print): _____

Signature: _____ Date: _____

Please fax or email a copy of both sides of the credit card including your passport copy to: MCI Middle East LLC P.O. Box 124752, Dubai. Fax: +971 4 311 63 01

Email: dubainutrition@mci-group.com

Payment is settled in AED according to the exchange rate of the day when the above credit card is debited by MCI.

Contact Details

MCI Middle East LLC (Conference Secretariat)

Phone: + 971 (0) 4 311 6300 | Fax: + 971 (0) 4 311 6301

Email: dubainutrition@mci-group.com | Website: www.dubainutrition.ae

Address: P.O. Box 124752 | Dubai, United Arab Emirates

