



Advanced Dental Laser Applications

Sponsored by Laser and Health Academy
Organized by Life Care Health Consultancy

Personal Details:

Date:	Registration No. (For official use only)
Name: (Please write your name in BOLD letters it will appear on the certificate).	
Academic Title/ Specialization:	
Institution: (Clinic/Hospital/University)	Country of Practice:
Landline No.:	Mobile No.
Email:	P.O. Box:
License: <input type="checkbox"/> HAAD <input type="checkbox"/> DHA <input type="checkbox"/> MOH <input type="checkbox"/> OTHERS _____	

Statement

Fees

	*Members AED	Non-Members US DOLLARS
Advanced Dental Laser Applications		
<input type="checkbox"/> Didactic Lecture <i>July 20th and 21st, 2017</i>	500	500
<input type="checkbox"/> Hands-On Workshop <i>July 20th and 21st, 2017</i>	500	500
TOTAL AMOUNT:		

Payment Details:

Bank Details: Wire Transfer or Money Exchange to the Organizer
Account Name: Life Care Health Consultancy FZCO
Bank: Mashreq Bank (Mall of the Emirates, UAE)
Account No: 019 100 109 276
IBAN: AE73 0330 0000 1910 0109 276
Swift Code: BOMLAEAD

Registration Conditions:

- Registration confirmed after payment
- Fee is non-refundable
- Late registration will not be entertained

For Registration, Contact:

Life Care Health Consultancy FZCO

Tel No.:+971 4 380 8200 / Mobile No.:+971 50 3601940 / Fax:+971 4 380 8666 / Email: info.lifecare@thk.ae

**members of the Dental Association in United Arab Emirates, Qatar, Royal Bahrain and Oman*

