

# Advanced Dental Laser Applications

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

Personal Details:	
<b>Date:</b>	<b>Registration No. (For official use only)</b>
<b>Name: (Please write your name in BOLD letters it will appear on the certificate).</b>	
<b>Academic Title/ Specialization:</b>	
<b>Institution: (Clinic/Hospital/University)</b>	<b>Country of Practice:</b>
<b>Landline No.:</b>	<b>Mobile No.</b>
<b>Email:</b>	<b>P.O. Box:</b>
<b>License:</b> <input type="checkbox"/> HAAD <input type="checkbox"/> DHA <input type="checkbox"/> MOH <input type="checkbox"/> OTHERS _____	
Statement	
Lasers in Dental Practice	<b>Fees</b>
<input type="checkbox"/> <b>Lecture</b> 18 <sup>th</sup> March 2017	850
<input type="checkbox"/> <b>Workshop</b> 19 <sup>th</sup> March 2017	1,000
<b>TOTAL:</b>	_____ <b>AED</b>
Payment Details:	
<b>Bank Details: Wire Transfer or Money Exchange to the Organizer</b>	
<b>Account Name:</b> Life Care Health Consultancy FZCO <b>Bank:</b> Mashreq Bank (Mall of the Emirates, UAE) <b>Account No:</b> 019 100 109 276 <b>IBAN:</b> AE73 0330 0000 1910 0109 276 <b>Swift Code:</b> BOMLAHAD	
Registration Conditions:	
<ul style="list-style-type: none"> <li>• Registration confirmed after payment</li> <li>• Fee is non-refundable</li> <li>• Late registration will not be entertained</li> </ul>	
<p align="center"><b>For Registration, Contact:</b>  <b>Life Care Health Consultancy FZCO</b>  <b>Tel No.:+971 4 380 8200 / Mobile No.:+971 50 3601940 / Fax:+971 4 380 8666 / Email: <a href="mailto:info.lifecare@thk.ae">info.lifecare@thk.ae</a></b></p>	