

Registration Form

1st INTERNATIONAL PRE-HOSPITAL CARE CONFERENCE

DATE:

NAME:	
ADDRESS:	
CONTACT DETAILS:	
EMAIL ADDRESS:	

Kindly (✓) to indicate the Conference Topic:

<input type="checkbox"/>	EMS Leadership & Medical Directors Workshop Date: 15 & 16 April 2012 Time: 0800hr - 1700hr Venue: DCAS Headquarters Fees: 250 USD
<input type="checkbox"/>	Pre - Hospital Emergency Care Symposium Date: 15 & 16 April 2012 Time: 0800hr - 1700hr Venue: DCAS Headquarters Fees: 200 USD (Physician) 150 USD (Paramedic/Nurses)

Kindly (✓) to indicate the Mode of Payment:

- CASH
 BANK TRANSFER: (International bank charges applies paid by the payer)

Beneficiary Account Name:	GOVERNMENT OF DUBAI: CENTER OF AMBULANCE SERVICES - REVENUE A/C
Account Number:	1520005097401
IBAN Account Number:	AE110240001520005097401
Currency:	AED
Bank Name:	Dubai Islamic Bank
Branch Name:	Main Branch-Dubai-UAE
Swift Code:	DUIBAEAD

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In Partnership with:

