



AKMG EMIRATES AJMAN AND UAQ CHAPTER
IN ASSOCIATION WITH
RAK MEDICAL AND HEALTH SCIENCES UNIVERSITY



One day Medical and Dental CME (8 CME HOURS)

26th March 2010 at Coral Beach Hotel, Ajman-Sharjah Border

Registration form

(Please complete this form and hand over to one of the contact person along with registration fee)

| Registration Fee | Early bird up to March 5th | Till 25th March | Spot |
|--------------------------------|-----------------------------------|-----------------------------------|-------------|
| Doctors | 225 | 275 | 325 |
| Nurses and Paramedics | 175 | 200 | 250 |
| AKMG life / SSS members | 200 | 275 | 325 |

Please fill in CAPITAL LETTERS

Name:.....

Institution/ Hospital:

Designation:.....

Address:.....

P.O. Box No.....City / Emirate:

Phone: Mobile No:

E- mail:AKMG Member/ Chapter_

OFFICE USE ONLY: Received by _____ **Dhs.** _____ **Date:** _____

RECEIPT

CONTACT PERSONS

Sharjah : Dr Sasil Poonnen, 050 6328052, Tel: 06 5626957, Fax 065626952
Sharjah : Dr. Chitra Shamsudeen - 0506287741
Ajman : Dr Jamaludeen Abubaker, 050-6145882, 06-7469694; Fax: 06-7469693
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RAK : Dr Shehab Umer, 050-5625017
Fujairah : Dr Safarulla Khan, 050-5906864
Abudhabi : Dr T. T. Thomas 050-6145019 ,
Al Ain : Dr Sibi Anne James 050-7630227

Received with thanks Dhs _____ from Dr/ Mr/ Ms _____
 towards the Registration Fee for the ONE DAY CME organized by AKMG emirates, Ajman & UAQ
 on Friday, 26th March , 2010 at Coral Beach Hotel, Sharjah.

Received by (Name) _____ (Sign) _____ (Date) _____

Payment can be done in the form of cash/cheque in favour of Dr Jamaludeen Abubacker/Dr Jayaram Illikkal, A/c # 012000307619, National Bank of Fujairah.