

CONFERENCE PRE-REGISTRATION

The Dubai Congress on Anti-Aging & Aesthetic Medicine is a must attend event for Middle Eastern physicians to learn about the most efficient therapies, testing and solutions available for the treatment of biological aesthetics aging.



DUBAI

8 - 9 NOVEMBER 2009

FAX TO +44 20 7117 4557

EMAIL: info@anti-agingevents.com

Fields marked with * need to be completed

DELEGATE REGISTRATION*

Title First Name

Surname

Practice/Company

Address

Town Post Code

Country

Office / Mobile Phone

Fax.

Email

WHAT TYPE OF MEDICAL PRACTICE DO YOU WORK IN? *

- | | |
|---|---|
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Health/Wellness Centre |
| <input type="checkbox"/> General Practice | <input type="checkbox"/> Private practice |
| <input type="checkbox"/> Spa/Salon | <input type="checkbox"/> Other..... |

REGISTRATION FEES*

- | | |
|--|-----------|
| <input type="checkbox"/> Full Access - Early Bird* | \$295 |
| <input type="checkbox"/> Full Access - Early Bird - Society Member after 31st July | \$395 |
| <input type="checkbox"/> Full Access after 31st July | \$495 |
| <input type="checkbox"/> Full Access – Society Member | \$395 |
| <input type="checkbox"/> Exhibit Hall and Commercial Workshops | No Charge |

* Early Bird ends 31st July

Full Access includes access to all scientific sessions including pre-conference workshops, the exhibition, refreshments, and all congress material

CANCELLATIONS

* We are unable to provide refunds for the Super Early Bird Bookings. For other bookings if your written cancellation is received on or before 24th August 2009 there will be a 25% cancellation fee charged. If your cancellation is received after this date you will be charged the full amount.

- Please tick to accept the terms and conditions Please send me further information about other Anti-Aging events

ABOUT YOU*

- | | |
|--|---|
| <input type="checkbox"/> Aesthetic Practitioner | <input type="checkbox"/> Sports Therapy/Sports Medicine |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Oncology |
| <input type="checkbox"/> Obstetrics and Gynaecology | <input type="checkbox"/> Psychiatry/Psychology |
| <input type="checkbox"/> Pharmaceutical Chemists / Pharmacists | <input type="checkbox"/> Cardiology |
| <input type="checkbox"/> Researcher/Scientist | <input type="checkbox"/> Endocrinology |
| <input type="checkbox"/> Plastic Surgery | <input type="checkbox"/> ENT (ears, nose & throat specialist) |
| <input type="checkbox"/> General Practice / Family Practice | <input type="checkbox"/> Gerontology |
| <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Neurology/Neurological Surgery |
| <input type="checkbox"/> Nutrition / Nutraceuticals | <input type="checkbox"/> Other (Please specify) |

HOW DID YOU HEAR ABOUT DCAAAM *

- American Academy of Anti-Aging Medicine
- Association (please specify)
- Exhibitor information
- Internet
- Email
- Journal/Publication (please specify)

PAYMENT DETAILS

- Visa MasterCard
- Credit Card #
- Name on Card
- Expiry Date
- Security Code
- Last 3 digits on the back of the card
- Total \$(Dollars)
- Signature
- Date

- Invoice
- Bank Transfer (please note that we do not cover bank transfer charges, please make sure you arrange this prior to the event)

www.anti-agingevents.com/dubai

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Register now for
Super Early Bird
Before 31.7.2009