**AKMG – Emirates (RAK) in Association with, RAK MHSU under the patronage of Ministry of Health, RAK Medical District Invites You to**

**Musculoskeletal Disorders – Newer trends**

**Friday 16th September 2011, Ras Al Khaimah Medical & Health**

**Sciences University Auditorium, Ras Al Khaimah**

**Registration form**

**For office Use**

**Regn. Code:**

**……………………**

**8 MOH CME Credit Hours Applied for**

Full Name**[CAPITALS]**(Dr. /Mr./Ms…) …………….……………………………………………………………………………………………………….

Tel -Mob: …….…………………..……… Clinic:.……………………..…..………… Fax No. : …………….………………………........

E Mail**:** …….……………………….………………….…..………… Place of Work……..……………………..……..…………………………….......

Job Title: ……………………………… Specialty: …………………………………………. Emirate :…………………………………………………..

**AKMG Member** Ordinary Life Not an AKMG Member

***Registration Fees:***

Upto 15th Aug 2011 : Doctors: AED 250/- Nurses, Paramedics, Students: AED 150/-

Upto 10th Sept 2011 : Doctors: AED 300/- Nurses, Paramedics, Students: AED 200/-

After 10th Sept 2011 : Doctors: AED 350/- Nurses, Paramedics, Students: AED 250/-

Mode of Payment: CASH CHEQUE / D.D Amount Paid……………. Signature: ……………………

Details of Payment Cheque/DD No…………………………. Issuing Bank…………………………….. Date……………………

 **Name should be written as it should appear in the certificate** *(No corrections entertained later)*

 **Attendance is mandatory to avail Certificate**

 **Fees to be paid along with the Registration form** *(Non Refundable)*

**……………………………………………………………………………………………….………………………………………………………………………..**

For Registration Contact:

1. Ras Al Khaimah: Dr. Mathew K.M. 07 2228456 Fax: 07 2228457

Mr. Shibu George 050 4328708 Fax: 07 2222185

Mr. K. B. Shibu 050 8649084

1. Abu Dhabi: Dr. T. T. Thomas 050 6145019

Dr. Nimi John 050 8341341

1. Ajman & Umm Al Qwain: Dr. S. Radhakrishnan 050 3610568
2. Al Ain: Dr. Siby Anne James 050 7630227
3. Dubai: Dr. Feroz Gafoor 050 5742142
4. Fujairah: Dr. Mohammed Salim 050 3933486
5. Sharjah: Dr. Sasil Poonnen 06 5626957

Dr. Alex Abraham 050 6718535

Cash Deposit / Cheque to be drawn in favor in favour of SHIBU GEORGE, RAK Bank, Al Nakheel Branch, Ras Al Khaimah, A/c no.0002 – 403248 - 001. Copy of Receipt with Registration form to be Faxed to 07- 2228457 / 07 - 2222185

**For enquiries regarding scientific programme:**

**Organizing Secretaries – Dr. Abhay Nigam E-Mail: nigam.abhay@gmail.com**

**Dr. Prashant C.K. E-Mail: prashantck3@gmail.com**

**RECEIPT**

Date ………………………..………….Received AED ……………..….(Dirhams ………………………………………………………………..……………………..…)

From Dr./Mr./Ms. ……………………………………………………………………………………………….………….. as the registration fee for the Musculoskeletal Disorders – Newer trends (16th September 2011) at RAK-MHSU, Ras Al Khaimah

Amount Received by……………………………………..……………Emirate……………………..………………….Sign………………………………………...