

Email*:

(Please write name in **BLOCK** letters) Prefix: ☐ Prof. ☐ Dr. ☐ Mr. ☐ Ms.

First Name*:

Last Name*:

Note*: First Name* + "Last or Family Name" will appear on your Badge and Certificate.

Are you a buyer with direct purchasing authority for your company?*: ☐ Yes ☐ No

Mobile Phone*: Work Phone*:

Company Name*:

VAT No. (if applicable):

Address*:

P. O. Box: City*:

State*: Zip/Postal Code:

Country*:

Nationality*: Age*: ☐ 18 - 24 ☐ 25 - 34 ☐ 35 - 44 ☐ 45 - 54 ☐ 54 - 64 ☐ 65+

Department/Function*: ☒ (Select Only one)

- | | |
|---|---|
| <input type="checkbox"/> Medical Professional | <input type="checkbox"/> Management |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Media & PR |
| <input type="checkbox"/> Distribution | <input type="checkbox"/> Operations |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Procurement |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Research & Development |
| <input type="checkbox"/> IT | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Student |

Seniority*: ☒ (Select Only one)

- ☐ Associate
☐ Chief
☐ Employee
☐ Executive
☐ Head of Department
☐ Middle Management
☐ Partner
☐ President
☐ Sole Proprietor – Owner

Company Activity*: ☒ (Select Only one)

- ☐ Ministry of Health
☐ Government Health Authority
☐ Aesthetic Clinic
☐ Beauty Salon
☐ Clinic
☐ Dermatologist Practice
☐ Higher Education
☐ Hospital
☐ Anti-Aging Products & Equipment Manufacturer
☐ Anti-Aging Products & Equipment Distributor
☐ Dermatology Equipment & Devices Manufacturer
☐ Dermatology Equipment & Devices Distributor
☐ Dermocosmetics & Skincare Products Manufacturer
☐ Dermocosmetics & Skincare Products Distributor
☐ Haircare-Hairloss Products&Equipment Manufacturer
☐ Haircare-Hairloss Products&Equipment Distributor
☐ Laser Equipment Manufacturer
☐ Laser Equipment Distributor
☐ Pharmaceuticals - Drugs Manufacturer
☐ Pharmaceuticals - Drugs Distributor
☐ Medical Spa
☐ Trade Association

Job Title*: ☒ (Select Only one)

- | | |
|--|---|
| <input type="checkbox"/> Aesthetic Specialist | <input type="checkbox"/> Researcher |
| <input type="checkbox"/> Aesthetic Surgeon | <input type="checkbox"/> Resident Dermatologist |
| <input type="checkbox"/> Auxiliary | <input type="checkbox"/> Technician |
| <input type="checkbox"/> Beautician | <input type="checkbox"/> Account Manager |
| <input type="checkbox"/> Dermatologist | <input type="checkbox"/> Chief Executive Officer CEO |
| <input type="checkbox"/> Dean | <input type="checkbox"/> Chief Financial Officer CFO |
| <input type="checkbox"/> General Practitioner | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Hair Specialist | <input type="checkbox"/> Director |
| <input type="checkbox"/> Institutional Buyer | <input type="checkbox"/> Journalist |
| <input type="checkbox"/> Laser Specialist | <input type="checkbox"/> Manager |
| <input type="checkbox"/> Medical Spa Therapist | <input type="checkbox"/> Student |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> University Professor |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Other, <i>please specify</i> |
| <input type="checkbox"/> Physician (Others) | |

Areas of Interest*: ☒ (Select all that applies)

- ☐ Aesthetic Products
☐ Anti-Aging (BTX, Fillers, Injectables, Implants)
☐ Clinics Software & IT
☐ Dermatology Equipment & Devices
☐ Dermocosmetics - Skincare
☐ Disposables
☐ Educational Derma & Aesthetic Programs
☐ Haircare / Hairloss
☐ Laser Equipment
☐ Pharmaceuticals / Drugs
☐ Surgical Equipment
☐ Wellness / Body Contouring

*Mandatory

Pre-Conference Course:	AMOUNT
<input type="checkbox"/> Dermatology & Dermatopathology (March 13 - 16, 2020) <small>Entitlements: Course Material, Lunch, Coffee Breaks and Accredited Certificate</small>	AED 3,843

Conference (16 - 18 March 2020)	Early Bird until December 31, 2019	Pre-Registration until February 29, 2020	Registration from March 1, 2020
<small>Entitlements: Attendance Certificate, Verification of Participation (Credit Points) and Conference Materials</small>	<input type="checkbox"/> AED 1,953	<input type="checkbox"/> AED 2,100	<input type="checkbox"/> AED 2,268

GRAND TOTAL

AED

PAYMENT can be made either by cash or credit card to: INDEX® Conferences & Exhibitions Organisation Est.

PAYMENT DETAILS: ☐ Cash ☐ Visa ☐ Master Card ☐ Bank Transfer

Credit Card No. Expiry Date MONTH YEAR

Name on Card

AUTHORIZATION NOTE: Please debit my credit card with an amount of AED

I, the card holder will honor this transaction and not hold

INDEX® Conferences & Exhibitions Organisation Est. responsible if the credit card number has been compromised.

CANCELLATION POLICY: I understand that the above mentioned charges per registration will be non-refundable.

Date: ____/____/____ Signature: _____

Organised by

NOTE:

- Registration is for the whole duration of the course/conference. We recommend arriving early to get a seat.
- The participants should understand that the speakers provide only their perspective of any new techniques and procedures; and potential risks might be possible if it is applied into clinical practice without sufficient training and/or supervision.
- For Registration Terms and Conditions, please visit dubaiderma.com/registration-terms-conditions
- Children below the age of 18 will not be permitted entry to the conference and exhibition halls.
- For Visa assistance kindly fill in the form that you can download from index.ae/visa
- The fees are inclusive of 5% Value Added Tax - VAT

Bank Transfer Details

Bank Details: Emirates NBD, Oud Metha Branch, Dubai, UAE
Account Name: INDEX Conferences & Exhibitions Org. Est
IBAN: AE500260001014435107601
Account No.: 1014435107601
Swift Code: EBILAEAD

* Please send registration form with the swift transfer payment slip copy. Bank charges must be borne by the client.