CONFERENCE DELEGATE REGISTRATION FORM

NB. Please complete 1 form per delegate

Company: .....

Name: .....

Job Title: .....

Address: .....

.....

Town/City: .....

Postcode: ..... Country: .....

Tel: ..... Fax: .....

Mobile: ..... email: .....

Accompanying Persons:

1. Title: ..... Name: .....

2. Title: ..... Name: .....

WALA-LASER 2009
Universal Conference & Exhibition
With Anti-Aging & Aesthetic Symposium
October 19 to 21, 2009
Bahrain International Exhibition Centre
Manama, Kingdom of Bahrain
www.walalaser-antiaging2009.com

Registration Options

(please tick all appropriate boxes)

	Regular Rate	
☐ Members WALA & Affiliated Societies	☐ US$400	US$ .....
☐ Regular Delegate	☐ US$500	US$ .....
☐ Students, Trainees & Nurses Please attach copy of ID	☐ US$150	US$ .....
☐ Accompanying Spouse Excluding Excursion Trip	☐ US$100	US$ .....

Plus:

☐ Require CME: AACME & SCHS Will be sent by Registered Mail one month after October 21, 2009	☐ US$30	US$ .....

AACME = American Academy of Continuing Medical Education
SCHS = Saudi Counsel for Health Specialist

Workshop Registration

☐ Full Day	☐ US$500	US$ .....
☐ 1 - 2 Hours	☐ US$250	US$ .....

The above Registration fees covers the following:
Attendance to all Scientific Sessions, Commercial Exhibition, WALA Tea/Coffee Break, Lunch Break, Opening Ceremony, Welcome Reception, Gala Dinner, Certificate of Attendance, Congress Bag and Event Guidline/Catalogue.

Notes:
Please enter details or attach business card: If invoice address is different from above, please provide details in this section

Payment schedule:

= Full Payment On Receipt of Invoice US$.....

Payment Procedure: (excluding bank charges)

c By bank transfer to:
Account Name: ELEGANT TRAINING\2
Account No. 100000252088
International Swift Code: BBKUBHBM
Bank of Bahrian & Kuwait, Diplomatic Area, P.O. Box 597, Manama, Bahrain
quoting your reference and invoice numbers.

c Please charge US$ ..... to my c American Express c Visa Card c Master Card c Diners Club

CARD NUMBER: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ EXPIRY DATE (MM/YY) ☐☐ / ☐☐ LAST 3 DIGITS ON REVERSE ☐☐☐

CARD HOLDER'S NAME: ..... CARD HOLDER'S SIGNATURE: .....

TOTAL COST: US$ .....

CANCELLATION POLICY:
If you cancel your booking you will be charged the following cancellation fees:
4 months before Conference commences - 25%
3 months before Conference commences – 50%
2 months before Conference commences – 75%
1 month before Conference commences – 100%

Print Name: ..... Signature: .....

Position: ..... Date: ..... / ..... / 20.....

Next steps...
Thank you for completing your conference delegate registration form. We will process your order and send you the invoice. Your immediate payment must be made upon receiving the INVOICE.

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Registered in the Kingdom of Bahrain Number 47368-1

For office use only	
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SR	

PLEASE COMPLETE & FAX BACK TO: +966 1 464-7272 Ext. 32922
OR
COMPLETE, SCAN & EMAIL TO: laser2009@laser-wala.com