

Registration and Hotel Reservation Form

Please complete the registration form and fax/email to MCI Middle East LLC
Tel No: +971 (0) 4 311 6300 | Fax No: + 971 (0) 4 311 6301 | Email: uaecancercongress@mci-group.com
You can also register online at www.uaecancercongress.ae

Personal Details

Title: Prof. Dr. Mr. Ms. Mrs. Others
 First name(s)*: _____ Last name*: _____
 Job Title: _____ Department*: _____
 Organisation*: _____ Nationality*: _____
 Date of Birth (DD/MM/YY)*: _____ / _____ / _____

Organisation

Academia/Institute Hospital/Medical Centre/Clinic Private Practice Pharma Company
 Other Specify: _____

Speciality

Medical Oncologists Surgical Oncologists Radiations Oncologists
 Palliative Care Oncology Nursing Nutritionist
 Pathologists Uro-Surgical Oncologists General Surgeon
 Plastic Surgeon Radio Therapist Nurses
 GP's Hematologist Gynea-Oncologist
 Gynaecologist ENT Students
 Residence Others _____

How did you hear about this event? (Please select all that apply)*

Email Google / Internet Search Online Banner / Internet SMS
 Phone call from the organiser Social media (Facebook, LinkedIn, Twitter, Instagram, Blogs)
 Via Business Relation / Colleague Other Specify: _____

Main Address*: _____

City*: _____ State*: _____ Country*: _____ Postal / Zip Code: _____

Phone*: _____ Mobile*: _____ Email*: _____

Accompanying Persons - Spouses / Partners (Do not Attend the Plenary + Workshop Sessions)

	Title	First name(s)	Last name(s)
1.			


Registration Fees

	Registration Categories	Early Bird until 31 Aug	Late Registration from 1 Sept to 15 Oct	Onsite Registration 5 to 7 Oct	Sub Total
<input type="checkbox"/>	Physicians/Industry Professionals	\$ 550	\$ 600	\$ 650	
<input type="checkbox"/>	Nurses & Allied Health Professionals	\$ 200	\$ 225	\$ 250	
<input type="checkbox"/>	Students**	\$ 150	\$ 175	\$ 200	

* Registration Fees entitle participants to attend all the congress sessions, symposia, exhibition, coffee breaks and daily lunch.
 ** For administrative purposes, a copy of ID is required as proof in order to avail the registration fee for a student

Total Registration Fees _____ **US\$**

Workshop Fees

		Regular Fees	Date	Time
<input type="checkbox"/>	 iBRCAF	US\$ 250	5 October 2017	09:00 - 17:00
<ul style="list-style-type: none"> Workshop Fees entitle participants to attend the Workshop, exhibition, coffee breaks and lunch. 				

Total Workshop Fees _____ **US\$**

VISA Service

Service	Day	Date	Price per person	No. of persons	Sub Total
VISA Service*			\$ 165		

*After submitting the complete registration form and paying the fees, the congress organizer will send a confirmation for the registration and a visa application form. Visa issuance is subject to approval from Dubai Immigration. To avail Visa Service, booking of the hotel through MCI Middle East LLC is mandatory. Your visa application must be made by the **5 September 2017**.

Total Visa Fee _____ **US\$**

Airport Transfers

	Transfer	Date of arrival / departure	Flight No.	Flight time	Price per person	No. of persons	Sub total
<input type="checkbox"/>	DXB Airport to Hotel				\$ 65		
<input type="checkbox"/>	Hotel to DXB Airport				\$ 65		

Total Airport Transfers _____ **US\$**

Hotel Accommodation

Hotel	Room Type	Single Room per Night	Double Room per Night	Check in Date (dd/mm)	Check out Date (dd/mm)	No. of Nights	Subtotal (US USD)
5*- InterContinental Dubai Festival City	Deluxe	USD 270	USD 310				
5*- Crowne Plaza Dubai Festival City	Superior	USD 240	USD 270				

- Hotel rooms are booked on a first come first serve basis. To guarantee a hotel reservation, a compulsory deposit covering your entire stay must be paid by bank transfer or will be charged to your credit card. Bookings will be subject to availability only at the time of reservation.
- For your convenience all hotel rates include Buffet Breakfast, 10% municipality fee, 10% service charge and AED 20 Tourism Fee.
- Hotel Check in: 15.00 hrs; Check out: 12.00 hrs. In case of early check in, we would kindly request you to pre-book your room to one night prior.
- Please note that the deadline for guaranteed room reservations is **1 September 2017**. Requests for room reservations after this deadline can only be handled upon availability and with credit card guarantee.

Total Hotel Accommodation _____ **USD**

Terms & Conditions

- Registrations are confirmed only upon payment receipt.
- Registration fee apply as per the date of payment.
- If the payment is made within 10 days to the event date, a proof of payment or a credit card/letter of guarantee will be required.
- Should your payment not be received 10 days prior to the event date, the Event Organizer reserves the right to cancel your pre-registration.
- If you cannot attend the event, we are happy to accept a substitute delegate until **15 September 2017**. After this date, name changes can only be coordinated onsite with a fee of USD 20.00 or AED 75.00 per name changed

Cancellation & Refunds

- 100% refund - cancellation 30 days (4 September 2017) before the event date with a deduction of administrative fee of USD 100.00 or AED 365.00
- No refund - 100% cancellation fee will be charged for any cancellations 30 days prior to the event date.

Sub - Totals

Sub total Registration Fees	\$
Sub total Workshop Fees	\$
Sub total Airport Transfers	\$
Sub total Visa Services	\$
Sub total Hotel Accommodation	\$
Grand Total	\$

Payment Mode 1**Bank Transfer**

Beneficiary	MCI Middle East LLC
Account	AED - 1011233252601 / IBAN - AE200260001011233252601
	USD - 1021233252602 / IBAN - AE280260001021233252602
Bank	Emirates NBD
Address	P.O. Box 11954, Al Souk Branch, Dubai, U.A.E.
Swift Code	EBILAEAD

* Please indicate your name, your reference number and **UAECC 2017** against remittance reference enabling our bank to accurately locate your payment.

Payment Mode 2**Credit Card Payment Authorization**

Only Visa and MasterCard are accepted.

I hereby authorize MCI Middle East LLC to debit my credit card as follows

Visa MasterCard Credit card number: Expiry Date: /

Credit Validation code (3 digits on reverse of your credit card): Grand Total US \$:

Credit card holder's name (please print): _____

Signature: _____ Date: _____

Please fax or email a copy of both sides of the credit card including your passport copy to: MCI Middle East LLC P.O. Box 124752, Dubai. Fax: +971 4 311 63 01.
 Email: uaecancercongress@mci-group.com

Payment is settled in USD according to the exchange rate of the day when the above credit card is debited by MCI.

Contact Details

MCI Middle East LLC (Congress Secretariat)
 Address: P.O. Box 124752
 Dubai, United Arab Emirates
 Phone : + 971 (0)4 311 6300
 Fax : + 971 (0)4 311 6301
 Email : uaecancercongress@mci-group.com
 Website : www.uaecancercongress.ae

