STEMI CARE FOR ALL IN EMIRATES

SCALEHEART 2018

16th November, Friday 2018, 8:30 - 5:30
Venue: Hotel Le Meridian Airport Dubai

Registration Form

Accredited by:
Accredited for 7.5 CPD credit hours by UAE Ministry of Health
(Accreditation Number : **MOHAP/CPD/18/1127**)

Full Name in BLOCK LETTERs: (leave a space in between the names)

Mobile No: _____ Email ID 1: _____

Tel No: _____ Email ID 2: _____

Job Title: Doctor ☐ Nurse/Technician/Pharmacist/Student ☐

Address _____

Institution/Hospital _____

P.O Box: _____ Emirate: _____

Registration Fees

Physician : AED 450 Nurse/Technician/Pharmacist/Student : AED 300
Payment : Cash/Bank Transfer
Account Name: EMS Exhibition and Conference Organizing
Contact: info@emsevents.ae
Sponsored By:_____

Signature:

Note: Attendance and Feedback forms are necessary to obtain certificate.
For Registration and other inquiries please contact EMS Exhibition and Conference Organizing

Chairman and Organizing Secretary: Dr. Brajesh Mittal.
Event Organized By: EMS Exhibition and Conference Organizing
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E: chairman@scaleheart.com / info@emsevents.ae **W:** www.scaleheart.com