



3rd Conference of International Society for Wearable Technology in Healthcare (WATCH)

In Collaboration with



مدينة دبي الطبية
Dubai Healthcare City

5th December 2015

Mohammed bin Rashid Academic Medical Center | Dubai, UAE

Registration 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 watch@mci-group.com
You can also register online at www.watch-conf.ae

Personal Details

Title: Prof. Dr. Mr. Ms.
First name(s): _____ Last name: _____
Speciality: _____ Nationality: _____
Company: _____
Address : _____
City: _____ State: _____ Country: _____ Postal / Zip Code: _____
Phone : _____ Mobile: _____ Fax: _____
Email: _____

Registration

Registration Closes 25 Nov 2015

3rd Conference of International Society for Wearable Technology
in Healthcare (WATCH)

AED 550

For Delegates:

- Registration entitles participants to attend all the sessions & to conference materials.

Terms & Conditions

- To gain CME points, all delegates have to fill and submit evaluation forms.
- This meeting is organized by WATCH in Collaboration with DHCC, confirmation is based on receipt of payment.

Cancellation & Refunds

- No refund - 100% cancellation fee will be charged if delegate is unable to attend the conference.

Payment Mode 1 Bank Transfer

| | |
|-------------|--|
| Beneficiary | MCI Middle East LLC |
| Account | Bank Account (AED): 1011 233252 601 / IBAN: AE200260001011233252601 Bank Account (USD): 1021 233252 602 / 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 WATCH2015 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: watch@mci-group.com