



CME Program Student Registration Form Abu Dhabi

- Please fill out **all fields below**
- Please make sure **writing is legible**

*Initials Dr/RN/Other:	*Name as to appear on Certificate.			
*Email Address:				
*Mobile:				
*Emirates ID/ Passport #:				
*Country of Origin:				
*Professional Designation:				
*Company of Work:				
*CME Program(s):			*Program Date(s): (MM/DD/YYYY)	
-				
-				
-				
-				
-				
(Please tick corresponding box)	Cash	Card	Bank	
*Method of Payment:				
<input type="checkbox"/> Please check if you would like to subscribe to our newsletter and to receive updates regarding our CME Programs				
<input type="checkbox"/> Already Subscribed		<input type="checkbox"/> No, I don't want to receive any updates		

Course fees to be transferred electronically into the following account:
 TITLE: **STARS MEDICAL ASSISTANCE CENTER**| ACC #: **019120017376**
 IBAN: **AE830330000019120017376**| Bank Name: **Mashreq Bank**
 Branch: **Zayed First Street**| City/State: **Abu Dhabi**
 Country: **United Arab Emirates**| Swift Code: **BOMLAHAD**

Once you receive the confirmation and approval of your registration then send the Money to the given account and send the receipt by e mail as scanned copy.

I accept that no access to the course will be granted without payment of a registration fee and that I can only claim the certificate of attendance after completing the entire course.

Signature _____ Date _____

Send to: info@smacuae.com