



iLED 2019 International Conference
13-17 Nov 2019 , Doha -Qatar
*******Registration Form*******

Registration Details:

Personal Data:		(As in ID)
Name:		
Gender: (circle):	☐ M ☐ F	Nationality:
Place of Work:		Work phone#:
Mobile#:		Email:

Congress Registration Fee.:

	Early Bird Before 31 July 2019	Registration After 31 July 2019
Dentists	1050 QAR	1250 QAR
Students, Assistants and Hygienists	600 QAR	750 QAR
Pre/Post 1 Day Course	900 QAR	1200 QAR

**Early Bird Registration ends by 31 July 2019 & Reg. fee. Inclusive all extras & Tax.

**Cancellation fee. Is 50% of the entire fee. before 30 Sep 2019, and 100% after this date.

**Group Participants of 5 or more will have 10% discount from entire fee.

Payment Method:

- ☐ Cash: At ARAB SPECIALIZED DENTAL CENTER
 - Call 50216037, 33532587, 44433800
- ☐ Cheque Payment: “Blue Sky Dental and Medical Solutions”
- ☐ BANK TRANSFER:
 - Account Name: “BLUE SKY DENTAL.”
 - Account Number: 0020-295135-301
 - IBAN: QA19 ABQQ 0000 0000 0020 2951 35301
 - SWIFT CODE: AB QQQAQA
 - Bank Name: Al Ahli bank ; Branch: Gharafa ; Doha, Qatar

Please make sure to scan and send back: 1- Bank transfer/deposit Receipt.2-Completed Reg. form.

For further assistance, please contact us back at: 50216037, 33532587, 44433800

Email: zirconcpd@gmail.com, iled2019doha@hotmail.com,

Participant authorized signature: