

Registration Form

Please complete the registration form and email it to the Conference Secretariat
Tel No: +971 (0) 4 311 6300 | Email: isnnd@mci-group.com | You can also register online at www.isnnd.com

Personal Details

Title: ☐ Prof. ☐ Dr. ☐ Mr. ☐ Ms. ☐ Other

First name(s)*: _____ Last Name*: _____

Job Title*: _____ Organization*: _____

Organisation Type*: ☐ Academia/Institute ☐ Hospital/Medical Centre/Clinic ☐ Private Practice

☐ Other Specify: _____

Speciality*: ☐ Interventional Neurosurgeon ☐ Interventional Neuro-radiologist ☐ Interventional Neurologist

☐ Interventional Radiologist ☐ Skullbase Surgeon (Neurosurgeons, ENT) ☐ Neurosurgeon

☐ Neurologist ☐ Stroke Neurologist ☐ Neuro-Intensivist

☐ Other Specify: _____

Department*: _____ Email*: _____

Main Address*: _____ Country*: _____

Tel: _____

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

☐ Email ☐ Google / Internet Search ☐ Via Business Relation / Colleague ☐ Other: _____

Registration Fees

Early Bird Rate USD 500	Standard Registration Rate USD 600	Onsite Registration Rate USD 700
Registration Deadline November 30, 2016	Online Registration Deadline February 5, 2017	February 6, 2017 onwards

Terms & Conditions

- Registrations are confirmed only upon payment receipt.
- Registration fees 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 Conference Secretariat reserves the right to cancel your pre-registration.
- If you cannot attend the event, we are happy to accept a substitute delegate until January 10, 2017. After this date, name changes can only be coordinated onsite with a fee of USD 25 per name change.

Cancellation & Refunds

- 100% refund - cancellation 30 days before the event date with a deduction of administrative fee of USD 100.
- No refund - 100% cancellation fee will be charged for any cancellations within 30 days prior to the event date.

Payment Method 1

Bank Transfer

Beneficiary	MCI Middle East LLC
Account (USD Currency)	1021 233252 602
IBAN (USD Currency)	AE280260001021233252602
Bank Name	Emirates NBD
Bank Address	P.O. Box 11954, Al Souk Branch, Dubai, United Arab Emirates
Bank Swift Code	EBILAEAD

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

Payment Method 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 ☐ AMEX ☐

Credit Card Number:

Expiry Date: /

Credit Validation code (3 digits on reverse of your credit card):

Grand Total USD:

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 or email isnnd@mci-group.com

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

Contact Details

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