



Please complete and return by e-mail, regular mail or fax.

Please note that the name and title you give here will be printed on your badge and the participants' list.

Date: 15- 17 March, 2012
Venue: Convention Palace – Bethlehem.

1. Participants information

Family name: _____

Title: _____ Prof. Dr. other: _____ Mr. Ms. Mrs.

First name: _____

Organisation: _____

Address: _____

Postal/Zip code: _____ City: _____

Country: _____

Telephone: _____

Fax: _____ E-mail: _____

2. Conference Fee

Conference fees include admission to conference sessions, tea/coffee, lunch, registration materials and reception to be held during the evening of May 14th.

	Jan. 31, 2012	March 1 st , 2012	On Site Registration
Conference Fee	100 US\$	150 US\$	200 US\$
Student's (Undergraduate)	70 US\$	100 US\$	150US\$
Gala Dinner		50 US\$	

*Please include a copy of your valid student card/other formal identification.

4. Payment

Payment information

Total fees:

All Payments should be done through bank transfer to the following account:

Bank Name: Cairo Amman Bank .
Al-Ahliyah Branch – Ramallah
Name of Beneficiary: Palestinian Medical Technology Association.
Account No. of Beneficiary: 3350041233900.
Swift Code: CAABPS22.

5. Additional Instructions

Deadlines: Prepaid Advanced Registration must be electronically submitted, faxed or mailed no later than 30th Feb, 2012. Please use one form per person. If you should have problems registering, please contact Dr. Osama Najjar (doctor91@hotmail.com).

Payment Information: Registration forms must be accompanied by full payment in order to be processed.

Confirmation: Please allow 5 days for e-mailed confirmation of your registration.

By sending in this registration form, I acknowledge that I commit myself to the immediate payment of the full conference fee.

Date: _____/_____/_____

Signature: _____

Return address:

PMTA
Palestinian Medical Technology Association
Palestine - Ramallah
P.O.Box 1938

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