



# REGISTRATION FORM

COMPLETE & FAX : +9619900111  
 Email: ahfonline@ahfonline.net  
 kindly use capital letters while filling-out this form

Family Name \_\_\_\_\_ Name \_\_\_\_\_  
 Company Name \_\_\_\_\_ Position \_\_\_\_\_ Nature of Business \_\_\_\_\_  
 Tel. \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_

## Conference Registration Fees ( PLEASE TICK YOUR CHOICE INSIDE THE BOX )

CONFERENCE A : HEALTH MANAGEMENT CONFERENCE					
		JORDANIAN NATIONALITY		OTHER NATIONALITIES	
		BEFORE 20 FEBRUARY	AFTER 20 FEBRUARY	BEFORE 20 FEBRUARY	AFTER 20 FEBRUARY
<b>FOR HOSPITALS</b>	1st DELEGATE	<input type="checkbox"/> 200 JD	<input type="checkbox"/> 300 JD	<input type="checkbox"/> 300 USD	<input type="checkbox"/> 450 USD
	2nd DELEGATE from same institution	<input type="checkbox"/> 100 JD	<input type="checkbox"/> 200 JD	<input type="checkbox"/> 150 USD	<input type="checkbox"/> 300 USD
<b>FOR COMPANIES</b>	PER DELEGATE	<input type="checkbox"/> 350 JD	<input type="checkbox"/> 400 JD	<input type="checkbox"/> 500 USD	<input type="checkbox"/> 600 USD

The fees of Health Management Program include: Entrance Fees- Certificate -Congress Kit-Opening Ceremony- 2 Lunches & 4 Coffee Breaks

CONFERENCE B : NURSING CONFERENCE					
		JORDANIAN NATIONALITY		OTHER NATIONALITIES	
		BEFORE 20 FEBRUARY	AFTER 20 FEBRUARY	BEFORE 20 FEBRUARY	AFTER 20 FEBRUARY
<b>FOR NURSES</b>	PER DELEGATE	<input type="checkbox"/> 50 JD	<input type="checkbox"/> 70 JD	<input type="checkbox"/> 70 USD	<input type="checkbox"/> 100 USD

The fees of Nursing Program include: Entrance Fees- Certificate -Congress Kit-Opening Ceremony- 1 Lunch & 3 Coffee Breaks

## Hotel Booking

Single Room Double Room

Do you require Hotel Booking?

5*	Le Royal Hotel Amman	150 USD	165 USD
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Yes  No

The above rates are per room per night on B&B basis. The Accommodation rates are subject to 10% service charge and 8% Gov Tax. In order to Guarantee your Accommodation, Kindly fill in the Attached Hotel Booking Form and the Credit Card Authorisation

## Method of payment to the Congress

Cash  Bank Transfer\*

\*for Bank Transfer , an Extra amount of \$ USD 20.00 should be added to the invoice

**Bank transfer:** The payment by Bank transfer should be made to : Beneficiary: MCE Group SARL - Bank of Beirut - Branch 24 - Kfaraaka - Lebanon - IBAN: LB38 0075 0000 0001 1401 3056 8102 - Account Number: 024-011-401-305681-02-0 Swift Code: BABELBBE

• Copy of the transfer slip must be faxed or emailed to the organizers, all bank transfers must be marked clearly with the delegate name and event title.

Bank charges are to be deducted from participating entity own account.

• Full payment must be received prior to the event for entrance to be guaranteed.

All registration forms must be accompanied by the appropriate payment.

## Cancellation Policy

Replacements from the same institution may be proposed to the event at any time.  
 For cancellation notified in written before February 29, 2012, the fee will be reimbursed  
 No refunds are possible after February 29, 2012.  
 Due to unexpected situations, the program, date, Venue, speakers may change and AHF reserves the right to make this.

## Stamp & Signature of Institution