

PLEASE COMPLETE IN CAPITALS & FAX TO +961 9 900111

Company Name _____ Nature of Business _____
Contact Name _____ Position _____
Tel _____ Fax _____ Email _____
Address _____

Conference Registration Fees 2 Conferences in one place (Pls Tick the Conference you would like to attend)

1. Health Management Congress

	Before February 20	After February 20
for Hospitals / 1st Delegate	<input type="checkbox"/> 250 USD	<input type="checkbox"/> 300 USD
/ 2nd Delegate	<input type="checkbox"/> 230 USD	<input type="checkbox"/> 250 USD
for Companies & others / per Delegate	<input type="checkbox"/> 400 USD	<input type="checkbox"/> 500 USD

This fee includes : Entrance Fees - Certificate of Attendance - Congress Kit - Opening Ceremony - Coffee Breaks & Lunch.

Total to be paid : _____

The delegates should be from the same institution. A 10% discount will be granted to the members of AHF who have paid their membership fees for 2008

Name of participants in Health Management Congress

	Title	First Name	Surname	Job title	E-mail
1					
2					
3					
4					

2. Medical Congress Free of Charge for Nurses

Name of participants in Medical Congress

	Title	First Name	Surname	Job title	E-mail
1					
2					
3					
4					

Hotel Booking

I	Ebla Cham Hotel	100 Euro	120 Euro
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- The Payment of Accommodation should be done directly to the Hotel. The price is on bed only basis
- A 12% governmental tax will be added to the Hotel Invoice.
- Any no show without prior cancellation, the guest is obliged to pay the fee of one night to the hotel.
- The pick up fees will be added to the invoice

Name of person	Type of room	Check in	Check out	Nb. of Nights	Flight No	Arrival	Departure	Pick up
	Single Double							

Method of payment to the Congress

There are only Two ways for payment

Cash Bank Transfer*

Bank transfer: The payment by Bank transfer should be made to :

Account no. 11- 401- 305681 - 01 Beneficiary: Beetle Design SARL - Bank of Beirut - Branch 24- Lebanon - Swift code: BABELBBE

Kindly fax the transfer copy on which is precised your name & address. All registration forms must be accompanied by the appropriate payment.

Total _____ USD Total in words _____

Pls note that full payment must be received prior to this event. Only the delegates whose fees have been paid in full will be admitted to this event.

Cancellation Policy

Replacements from the same institution may be proposed to the event at any time.
For cancellation notified in written before February 20, 2009, the fee will be reimbursed
No refunds are possible after February 20, 2009.
Due to unexpected situations, the program, date, Venue, speakers may change and AHF reserves the right to make this.

Stamp & Signature of Institution