REGISTRATION FORM

PLEASE COMPLETE IN CAPITALS & FAX TO +961 9 900111

Company Name _____ Nature of Business _____

Contact Name _____ Position _____

Tel _____ Fax _____ Email _____

Address _____

Conference Registration fees (Please tick the conference you would like to attend)

1. ❑ Health Management Congress & Workshops

	Before June 20	*After June 20*
1st delegate	❑ 270 USD	❑ 300 USD
2nd delegate	❑ 250 USD	❑ 280 USD
3rd delegate	❑ 200 USD	❑ 230 USD

Health Congress fees include
Entrance fees – Certificate of attendance
Congress Kit – Opening ceremony
Coffee breaks & Lunch- 1 Workshop

❑ **Workshop 1: Building a Foundation to Ensure Exceptional Quality: A Strategic Approach**

❑ **Workshop 2: Use of Statistical Techniques to improve Healthcare Performance**

The Delegates should be from the same institution. Total: _____ USD

* 20% discount will be granted to the AHF members who have paid their membership fees for 2006 or that want to pay.

Name of Participants in Health Management Congress & Workshops

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

Name of Participants in Medical Conference

2. ❑ Medical Conference Only the medical Congress sessions are offered free of charge.

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

Hotel Booking for abroad participants

Hotel Number	Hotel Name	Single	Double
1	5* Metropolitan	145$	165$
2	4* Rotana Hazmieh	80$	90$

- The payment of accommodation should be done directly to the hotel • It includes breakfast.
- Any no show without prior cancellation, the guest is obliged to pay the fee of one night to the hotel.
- Government taxes currently 10% have to be added to the hotel invoice.
- The pick up fees will be added to the invoice

Name of person	Hotel N°	Type of Room Single	Type of Room Double	Check in	Check out	Number of night	Flight N°	Arrival	Departure	Pick Up

Method of payment to the congress

❑ **Cash** ❑ **Visa Card** ❑ **Master Card**
❑ **Bank Transfer *** ❑ **Check** ❑ **American Express**

*An extra amount of $USD 8 per payment should be added to cover the bank clearing charges.

* Bank transfer: The payment by bank transfer should be made to:
Account no. 11-402-303299-00 (Ms. Yammine – Mounassabattcom) – 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.**

Credit Card Details: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| Name |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Date of issue __ / __ / __ - Date of expiry __ / __ / __

Total _____ USD Total in words _____

Please 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 June 20, 2007, the fee will be reimbursed.
No refunds are possible after June 20, 2007.
Due to unexpected situation, the program, Date, Venue, Speakers may change and Medhealth reserves the right to make this.

Stamp of Institution & Signature