

SULTARC – Laser Competence Certification

04-07 and 09 October 2019

Certified by the University of Sharjah and Accredited by HAAD – MOH – DHA

TRN No. 100256358100003

REGISTRATION FORM

Please write your name in **BOLD** letters (it will appear on the certificate):

Name:	
Nationality:	Company Sponsored: _____ Personal Expense: _____ Company TRN No. _____
Clinic/Hospital:	Academic Title/Specialization:
Address:	
Mobile No.:	Email Add.:

REFERENCES (Physicians and/or Manager)

Name:	Position:
Mobile No.:	Email Add.:
Name:	Position:
Mobile No.:	Email Add.:

Do you have experience with Lasers (✓) YES NO. If yes, what type of laser? _____

Please fill total amount of registered courses (✓):

Course	Fees	5% VAT	Amount
REGISTRATION FEE:			
<input type="checkbox"/> Didactic lecture with workshop, hands-on training and MCQ Examination NOTE: Lectures and written examination will be conducted in English	6,500.00	325.00	*6,825.00
OPTIONAL:			
<input type="checkbox"/> Extra one day for beginners who require additional hands-on <i>Hands-on Workshop on Aesthetic Applications in Laser (10th October 2019)</i>	2,000.00	100.00	2,100.00
<input type="checkbox"/> Transportation to and from Deira to University of Sharjah for 5 Days	350.00	17.50	367.50
<input type="checkbox"/> Surcharge for Colored Printed Lecture Notes ➤ <i>Black and white printed notes are included in the registration fee to be given on the day of the course.</i>	200.00	10.00	210.00
TOTAL AMOUNT DUE IN AED			
*NET BANK CHARGES			

Registration Fees Include:

1. Delegate folder with black & white printed lecture notes.
2. Product materials & disposables used at workshops.
3. Coffee break and luncheon during the 4-day course, for participants only.

Kindly indicate your diet preference ✓

- Vegetarian
 Non-Vegetarian

We apologize in the event your dietary requirements could not be met by food caterer.

How did you know about us?

- Internet Friend Instagram
 Facebook LinkedIn Others : _____

ELIGIBILITY: WHO CAN APPLY FOR THIS COURSE?

- Physicians
- Nurses
- Aestheticians/Cosmeticians
- **For issues regarding license, please check with the licensing authority.**

ADMISSION REQUIREMENTS

1. Completely filled-in registration form
2. Valid passport, visa copy **AND** Emirates I.D. copy
3. Medical/Nurse/Aesthetician license copy (Front & Back)
4. Graduation certificate such as diploma or transcript of records
5. Curriculum Vitae
6. Passport size picture (colored with white background)
7. Copy or scan of payment receipt or wire transfer receipt

REGISTRATION CONDITIONS

This form along with the admission requirements and payment receipt shall be sent by email to **info@sultarc.com** or fax +971 4 3808666. Upon verifying your payment, we shall send you the confirmation by email. Registration shall close two weeks before the course or once the maximum number of participants has been reached, whichever comes first.

Registration is now ongoing for **04-07 and 09 October 2019** and **valid only after payment has been received by Life Care Health Consultancy (LCHC)**. The policy for refunding registration fees will be as follows.

1. Notice for Cancellation, written request is required upon cancellation and will be processed one month after the end of the course.
 - Notification in 60 days prior to event: Full refund, less 20% administrative fee
 - Notification in 30 days prior to event: 50% refund
 - Notification less than 30 days prior to event: No refund
2. No show without any notice will not be refunded
3. If a candidate fails in the examination, they should re-apply and pay AED 1000 and should appear in the didactic lecture and retake the examination.
4. The Laser Competence Certificate will be issued only one time. If the certificate is lost, a reapplication of a course completion letter will be AED 1000.
5. Please be advised that this course and all course materials will be in **ENGLISH only**.
6. **N.B.** This workshop is a public event and photography is being taken to document lectures and workshops. If you have any objections, please inform the event coordinator to arrange a seat for you in a blind area to the camera.

PAYMENT DETAILS

Wire Transfer* or Money Exchange to the Organizer:

*Bank transfer charges on sender.

Account Name: LIFE CARE HEALTH CONSULTANCY FZCO
Bank: EMIRATES ISLAMIC BANK
Account No.: 3707571857001
Swift Code: MEBLAEADXXX
IBAN: AE140340003707571857001

DECLARATION

I hereby read and understood the eligibility criteria, registration and payment terms. I have enclosed all details needed for my admission.

Name: _____

Signature: _____