

SULTARC – Laser Competence Certification

29-30 June, 1-2 & 4 July 2018

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:		
Clinic/Hospital:		
Academic Title/Specialization:	Country of Practice:	Emirate/City:
Phone No.:	Mobile No.:	
Email:	P.O. Box:	

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 (5th July 2018)</i>	1,000.00	50.00	1,050.00
<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 ➤ Black and white printed notes are included in the registration fee to be given on the day of the course.	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 your documents 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

Admission requirements to be sent by email to sultarc.lci@thk.ae or fax +971 4 3808666.

Upon receiving your payment, we shall send you the confirmation together with the copy of receipt by email.

Registration is now ongoing for **29-30 June, 1-2 & 4 July** 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. 50% Refund 14 days before the start of the workshop.
2. Notice for Cancellation, written request is required upon cancellation and will be processed one month after the end of the course.
3. No show without any notice will not be refunded
4. 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.
5. 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.
6. Please be advised that this course and all course materials will be in **ENGLISH only**.
7. **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: _____