

REGISTRATION FORM

I. PERSONAL DATE

☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr. ☐ Prof.

First Name

Last Name

Country

Mobile Number

Email Address

Select One: ☐ Physician ☐ Non Physician

II. REGISTRATION

PRE-CONGRESS WORKSHOP

	Early Rate (Before December 31 st 2019)	Late/Onsite Rate (After January 1 st 2020)
<input type="checkbox"/> I- 1st ArLAR Musculoskeletal Ultrasound	<input type="checkbox"/> 150 USD	<input type="checkbox"/> 200 USD
<input type="checkbox"/> II-Rheumatology Practice Symposium (RPS)	<input type="checkbox"/> 50 USD	<input type="checkbox"/> 60 USD

CONGRESS

	Early Rate (Before December 31 st 2019)	Late/Onsite Rate (After January 1 st 2020)
<input type="checkbox"/> Delegate (Medical Doctor/Scientist)	<input type="checkbox"/> 500 USD	<input type="checkbox"/> 650 USD
<input type="checkbox"/> Allied Health Professional/Trainee/ Student	<input type="checkbox"/> 300 USD	<input type="checkbox"/> 400 USD

Congress Registration Fees will include:

- Access to the Scientific Sessions excluding workshop
- Congress Materials
- Certificate of Attendance
- Coffee Breaks & Lunches
- Invitation to the opening ceremony

& welcome reception on October 18.

Pre-Congress workshops Registration Fees will include:

- Access to the chosen workshop excluding congress
- Congress Materials
- Certificate of Attendance
- Coffee Breaks & Lunches
- Invitation to the opening ceremony

& welcome reception on October 18.

III. ACCOMMODATION

Hotel Name	Distance to Venue by Car	Category	SGL BB Basis		DBL/Twin BB Basis	
<input type="checkbox"/> Kempinski	Congress Venue	5 *****	USD	182.00	USD	200.00
<input type="checkbox"/> Grand Millemium	Walking Distance	5 *****	USD	205.00	USD	205.00
<input type="checkbox"/> Qasr	3 mins	4 ****	USD	130.00	USD	140.00
<input type="checkbox"/> Amman Cham	5 mins	4 ****	USD	93.00	USD	107.00

Check-In Check-Out Number of Nights

Occupancy ☐ Single ☐ Double

IV. TRANSPORTATION

Airport Transfer (70\$ per way) ☐ Yes ☐ No

Date of Arrival

Time of Arrival

Flight Number

Date of Departure

Time of Departure

Flight Number

V. CONGRESS DINNER:

Friday March 20 @ Kempinski Hotel convention center

Price : 50 USD

1 person

VI. MODE OF PAYMENT

☐ **BANK TRANSFER**

Account Name Jordan Valley Conferences & Exhibitions Services

Bank Name Arab Bank

Bank Address Jabal Amman Branch

Currency USD

Current Account 0115/094640-0/510

IBAN # JO84 ARAB 1150 0000 0011 5094 6405 10

SWIFT ARABJOAX100

☐ **CREDIT CARD** The congress organizers (Infomed International for Events) will contact you to go through the payment procedure in a secure way.

☐ **VISA** [+3% Credit Card Charges] ☐ **MASTER** [+3% Credit Card Charges]



LEBANON

4th Floor, Qubic Center
Daoud Ammoun Street
Horsh Tabet - Sin El Fil
P.O. Box: 90-361 Beirut
Tel: +961 1 510880/1/2/3
Mobile: +961 71 103123

infomed@infomedweb.com | www.infomedweb.com

UAE

DMCC Business Centre
Almas Tower
Jumeirah Lakes
Dubai, United Arab Emirates
Unit No: 3820
Mobile: +971 50 9110475



JORDAN VALLEY CONFERENCES & EXHIBITIONS

Tel: +962 6 461 8448 | Fax: +962 6 461 8558

Cell: +962 79 57 72 707 - +962 77 73 00 252

Website: www.jordan-valley.com - Amman Jordan