CME Program
Student Registration Form Abu Dhabi

- Please fill out **all fields below**
- Please make sure **writing is legible**

*Initials Dr/RN/Other:	*Name as to appear on Certificate.
*Email Address:	
*Mobile:	
*Emirates ID/ Passport #:	
*Country of Origin:	
*Professional Designation:	
*Company of Work:	

*CME Program(s):		*Program Date(s): (MM/DD/YYYY)
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(Please tick corresponding box)	Cash	Card	Bank	Note:
*Method of Payment:				

☐ **Please check if you would like to subscribe to our newsletter and to receive updates regarding our CME Programs**

☐ **Already Subscribed**   ☐ **No, I don't want to receive any updates**

Course fees to be transferred electronically into the following account:
TITLE: **STARS MEDICAL ASSISTANCE CENTER**| ACC #:**019120017376**
IBAN: **AE830330000019120017376**| Bank Name: **Mashreq Bank**
Branch: **Zayed First Street**| City/State: **Abu Dhabi**
Country: **United Arab Emirates**| Swift Code: **BOMLAEAD**

Once you receive the confirmation and approval of your registration then send the Money to the given account and send the receipt by e mail as scanned copy.
I accept that no access to the course will be granted without payment of a registration fee and that I can only claim the certificate of attendance after completing the entire course.

Signature_____ Date_____
Send to:info@smacuae.com