



# F A X

To: +965 2433 0809

**Date :** 14th -16th April 2009 **Venue :** Radisson SAS Hotel - Kuwait

## Registration Form

Name :		الاسم :	
Title :	اللقب :	Organization : : الشركة / المنظمة :	
Address :		العنوان :	
City :	المدينة :	Zip:	الرمز البريدي :
Country :		الدولة :	
Telephone :	هاتف :	Fax :	فاكس :
		Mobile :	النقال :
Email :		البريد الإلكتروني :	
Date :	التاريخ :	Signature :	التوقيع :

### Conference Fees

**Delegates:** **250 KD** per delegate

**Authors:** **Free**

**One day registration:** **100 KD** per delegate

The Registration fee includes Full Conference Package with Conference Proceedings, admission to all the Technical Sessions, Opening Ceremony, daily lunches and coffee breaks and Certificate of attendance.

Accommodations are NOT included in the registration fee

### Payment Details:

FULL PAYMENT must be received prior to the conference.

Please invoice my organization (authorization attached)

I will be sending a Bank transfer to  
Account Name: Promedia International  
Bank: Kuwait Finance House  
Account #: 021010058612  
Swift Code: KFHOKWKWXXX

I enclosed a cheque made payable to Promedia International.

Please fax confirmation of the bank transfer to +965 24330809, quoting delegate's name as your reference on both fax and bank transfer.

### Cancellations

Cancellations must be made in writing. A 75% refund will be given for cancellations made before February 15, 2009 and 50% refund will be given for cancellations before March 1, 2009.

### Group Discount

There will be 10% discount on registration of more than 5 delegates from one organization.