

Registration Form

Personal Details

Title: Prof. Dr. Mr. Ms. Mrs. Others

First name(s)*: _____ Last name*: _____

Job Title: _____ Department*: _____

Organisation*: _____

Organisation

- Academia/Institute Hospital/Medical Centre/Clinic Private Practice Pharma Company
 Other Specify: _____

Speciality

- Family Physicians General Practitioners Residents
 Interns Students Nurses
 Paramedics & Pharmacists Other Healthcare Professionals

How did you hear about this event? (Please select all that apply)*

- Email Google / Internet Search Online Banner / Internet SMS
 Phone call from the organiser Social media (Facebook, LinkedIn, Twitter, Instagram, Blogs)
 Via Business Relations / Colleague Other Specify: _____

Main Address*: _____

City: _____ State: _____ Country*: _____ Postal / Zip Code: _____

Phone*: _____ Mobile*: _____ Email*: _____

EFMS 2018 Registration Fees

Registration Categories	Early Bird Fees Until 15 November 2017	Regular Fees 16 November 2017 - 7 January 2018	Onsite Fees 11 January 2018 - 13 January 2018
<input type="checkbox"/> EMA Members	USD 250	USD 300	USD 400
<input type="checkbox"/> Physicians	USD 400	USD 450	USD 550
<input type="checkbox"/> Other Allied Health Professionals	USD 200	USD 250	USD 350
<input type="checkbox"/> Students	USD 100	USD 150	USD 200
<input type="checkbox"/> Industry Professionals	USD 400	USD 500	USD 600

Total Fees

_____ USD



