Registration Form

Forward this form and payment to the Conference Secretariat

Email: difsc@dm.gov.ae Fax: +971 4 7033073

www.foodsafetydubai.com Phone: +971 4 2064102

DELEGATE DETAILS

Title: Dr Prof. Mr. Ms Miss (please circle) ***First name:** .....

***Middle name:** ..... ***Last name:** .....

*** This name will appear on your certificate**

Job Title: ..... **Organisation:** .....

Address: .....

City: ..... **Country:** .....

Mobile: ..... **Phone:** .....

E-mail: ..... ☐ IAFP Member

Registration confirmation will be sent to you via e-mail.

CONFERENCE REGISTRATION FEES (21-22 Feb, 2012)

Select	Delegate Profile	Paid by 1st Feb 2012	Paid after 1st Feb 2012	Total
☐	Individual Registration	AED 600	AED 1000	AED
☐	Group Registration *	AED 500	AED 800	AED
☐	IAFP Member	AED 450	AED 800	AED
☐	GCC Government Employee	Free	Free	
☐	Presenter/Student	Free	Free	
*Fee per head if there are more than 5 members from the same organization			**Total:**	**AED**

WORKSHOP REGISTRATION FEES (23 Feb, 2012)

Select	Delegate Profile	Paid by 1st Feb 2012	Paid after 1st Feb 2012	Total
☐	Workshop Registration	AED 600	AED 1000	AED
☐	IAFP Member	AED 450	AED 800	AED
☐	GCC Government Employee	AED 200	AED 600	AED
☐	Presenter/Student	AED 200	AED 600	AED
Select Workshop	☐ **A** ☐ **B**	☐ **C** ☐ **D**	**Total:**	**AED**

Total Amount in AED _____

PAYMENT

☐ Please find enclosed Cash /Cheque/Demand Draft in favour of Dubai Municipality for an amount of AED.....

☐ Please charge the amount of AED.....to the following credit card: ☐ Visa ☐ Master Card

Card Number:			
Expiry Date		**Security Code**	
Name of the card holder:			
Date:		**Signature:**	

*Copy of both sides of the card and a copy of your passport should be provided along with the form

☐ Direct payment can be done at the Dubai Municipality Offices in Deira, Al Karama, Al Tawar and Al Manara.

Contact the conference secretariat for preparing the payment voucher.

☐ Bank Transfer – Contact the conference Secretariat for further information