



Please complete in block capitals and return this form to Ms.Nour Moukadem- Net Conference and Conventions:
Tel:+971 4 2662216 Fax:+971 4 2660662 Email:nour-ncc@netgroupdubai.com

One form per delegate Mr. Mrs Ms (X) First name for badge

First name (official) Last name

Company Function / Title

Address

Phone Fax E-mail

Company activity (X)

- | | | |
|---|---|--|
| <input type="checkbox"/> PCO Company | <input type="checkbox"/> Convention Bureau | <input type="checkbox"/> DMC |
| <input type="checkbox"/> Conference Hotel | <input type="checkbox"/> National Tourist Body | <input type="checkbox"/> International Airline |
| <input type="checkbox"/> Pharmaceutical Company | <input type="checkbox"/> Exhibition Managements Company | <input type="checkbox"/> Other _____ |

REGISTRATION FEES

Delegates based in Dubai AED 500 per delegate 2 delegates and above – AED 400 per delegate
Delegates from the Region AED 700 per delegate 2 delegates and above – AED 600 per delegate

No of participant/s x AED based in Dubai / Region Total payment AED
Fees include documentation, luncheon, refreshments and a certificate of attendance.

Visa:

Visas could be arranged on request

Cancellation:

If you are unable to attend, a substitute delegate will be very welcome in your place.

Registration cancelled less than 7 days before the event will be charged an administration fee of AED 100

Method of Payment:

1 - Bank Draft/transfer: Bank Name _____ Draft number _____

Bank Details:

Name of Account : Incentive Productions Concept (NCC) A/C No. 01 51 35876 6
Bank Details : National Bank of Dubai - Al Ittihad Road Branch, Dubai, U.A.E.
Swift Code : NBDUAEAD

Please fax a copy of the original Bank Transfer – payable to the below mentioned account number. Kindly note all the bank charges are to be borne by the client.

2 - Credit Card Authorization

Herewith I authorize Net Tours & Travel Dubai to charge the amount of AED _____ from my credit card.

Visa Master Card Amex Card No:

Card Holder's Name:

Billing address:

Expiry Date
(dd/mm/yyyy)

Date of signature:
(dd/mm/yyyy)

Signature:

NOTE: Credit card payments must be accompanied by a photocopy of the credit card (front and back) along with the signature of the cardholder to the fax number above.