

2nd DASG Conference
March 26-27, 2010. Sheraton Hotel Doha
Doha, State of Qatar

In Collaboration with



Qatar Diabetes Association International Diabetes Federation Qatar Foundation

Registration Form

Registration No:
 (For Office Use Only)

DELEGATE (Please type Capital letters)

Title:	:	Prof. / Dr. / Mr. / Mrs. / Ms		
First Name	:			
Middle Name	:		Family Name	
Mailing Address	:			
E-mail	:			
Telephone	:			
Fax	:			

ACCOMPANYING PERSON*

*** (For visa purposes only, they do not participate in the conference and are not eligible for the lunches)**

1) Title:	:	Prof. / Dr. / Mr. / Mrs. / Ms		
First Name	:		Last Name	
First Name	:		Last Name	

Signature of the delegate

Submission of registration form:

Please print out the above registration form, fill up the form in block capital and send it by attaching it to the email or fax or mail in the address given below.

Note:

You will receive confirmation of your registration upon receipt of payment

Registration Fee:

- **Early bird registration before 15th December 2009**
US \$ 150 - For DASG Members, US \$ 175 - For non members
- **16th December 2009**
US \$ 200 - For DASG Members, US \$ 250 - For non members
- **On Site Registration**
US \$ 250
- **Local Participants from Qatar**
Consultant – US \$ 100
Doctors – US \$ 75, Nurses & HCP's – US \$ 50

Registration Fee includes:

- Admission to Conference sessions
- Conference bag containing programme book
- Invitation to the opening and closing ceremoniesLunches

Registration fee to be paid Draft / Credit Card

Account Title: Diabetes in Asia Study Group
Account No.: 4580 581244 001
Commercial Bank, Hamad Al Kabeer Branch
Doha – Qatar, Bank Swift No. cbqqaqa

Payment Mode					
Credit Card	<input type="checkbox"/>	Cheque	<input type="checkbox"/>	Bank Draft	<input type="checkbox"/>
I hereby authorized to charge my credit card as per the following details <i>(Please fill the details as per shown on your credit card)</i>					
Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> Master <input type="checkbox"/> Diners				
Name on the card					
Card Number					
Expiry Date		Last 3 digits (back side of card)			
Billing Address:					
Date:			Signature of Applicant :		

Registration form to be submitted / either in person or online

2nd DASG Congress Secretariat
Diabetes in Asia Study Group
Address: Post Box: 752, Doha, State of Qatar
Telephone: +974 4376695 / 4376724 / 4447481 Fax: +974 4431901
Email: gda-idf@qf.org.qa / qatardiabetes@qf.org.qa Website: www.da-sg.org