



DUPHAT

22 - 24 FEBRUARY 2022
Dubai World Trade Centre, UAE

CONFERENCE REGISTRATION FORM

Dubai International Pharmaceuticals and
Technologies Conference and Exhibition

Email*:

Prefix*: Prof. Dr. Mr. Ms. (Please write name in BLOCK letters)

First Name*:

Last or Family Name*:

Note: First Name + "Last or Family Name" will appear on your Badge and Certificate.

Are you a buyer with direct purchasing authority for your company?*: Yes No

Mobile Phone*: Work Phone*:

Company Name*:

Company Website*:

VAT TRN No. (if applicable):

Address*:

P.O.Box*: City*: Postal Code*:

State*: Country*:

Nationality*: Age*: 15 - 24 25 - 34 35 - 44 45 - 54 55 - 64 65+

Department / Job Function* (Select Only one)

- | | | | |
|---|--|--------------------------------------|---|
| <input type="checkbox"/> Medical Professional | <input type="checkbox"/> Engineering | <input type="checkbox"/> Management | <input type="checkbox"/> Production |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Finance | <input type="checkbox"/> Marketing | <input type="checkbox"/> Quality Control |
| <input type="checkbox"/> Compliance | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Media & PR | <input type="checkbox"/> Research & Development |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> IT | <input type="checkbox"/> Operations | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Distribution | <input type="checkbox"/> Legal | <input type="checkbox"/> Procurement | <input type="checkbox"/> Student |

Job Title* (Select Only one)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Account Manager | <input type="checkbox"/> Consultant | <input type="checkbox"/> Industry Pharmacist | <input type="checkbox"/> Student |
| <input type="checkbox"/> Auxiliary | <input type="checkbox"/> Dean | <input type="checkbox"/> Journalist | <input type="checkbox"/> Technical Director |
| <input type="checkbox"/> CEO – Chief Executive Officer | <input type="checkbox"/> Director | <input type="checkbox"/> Manager | <input type="checkbox"/> Technical Manger |
| <input type="checkbox"/> CFO – Chief Financial Officer | <input type="checkbox"/> Engineer | <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Technician |
| <input type="checkbox"/> Chemist | <input type="checkbox"/> Factory Plant Director | <input type="checkbox"/> Physician | <input type="checkbox"/> University Professor |
| <input type="checkbox"/> Chief Pharmacist | <input type="checkbox"/> Factory Plant Manager | <input type="checkbox"/> Researcher | <input type="checkbox"/> Others (pl. specify) _____ |

Professional Seniority level* (Select Only one)

- Associate Chief Employee Executive Head of Department Middle Management Partner President Sole Proprietor - Owner

Company Activity* (Select Only one)(Main)

- | | |
|--|---|
| <input type="checkbox"/> Ministry of Health | <input type="checkbox"/> Hospital / Clinics |
| <input type="checkbox"/> Government Health Authority | <input type="checkbox"/> IT & Software Provider |
| <input type="checkbox"/> Pharmacy - Chain | <input type="checkbox"/> Laboratory |
| <input type="checkbox"/> Pharmacy - Independent | <input type="checkbox"/> Supply Chain |
| <input type="checkbox"/> Pharmacy - Hospital | <input type="checkbox"/> Trade Association |
| <input type="checkbox"/> Consultancy | |
| <input type="checkbox"/> Contract Manufacturer | |
| <input type="checkbox"/> Higher Education | |

Manufacturer of :

- | |
|--|
| <input type="checkbox"/> OTC / Retail Products |
| <input type="checkbox"/> Supplements / Nutrition |
| <input type="checkbox"/> Pharma Processing Machinery |
| <input type="checkbox"/> Pharma Packaging |
| <input type="checkbox"/> Pharmaceuticals (Generics) |
| <input type="checkbox"/> Pharmaceuticals (Patented) |
| <input type="checkbox"/> Lab / Quality Control Equipment |
| <input type="checkbox"/> Chemicals / APIs |

Distributor of:

- | |
|--|
| <input type="checkbox"/> Pharmaceuticals / OTC / Supplements / Retail Products |
| <input type="checkbox"/> Pharma Processing Machinery |
| <input type="checkbox"/> Pharma Packaging |
| <input type="checkbox"/> Quality Control Equipment |
| <input type="checkbox"/> Chemicals/ APIs |

Areas of Interest* (Select all that applies)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Chemicals / APIs | <input type="checkbox"/> Finished Formulation - Generics | <input type="checkbox"/> Logistics / Supply Chain | <input type="checkbox"/> Pharma Processing Machinery |
| <input type="checkbox"/> Clean Room | <input type="checkbox"/> Finished Formulation - Patented | <input type="checkbox"/> Nutrition / Supplements | <input type="checkbox"/> Skincare / Beauty Products |
| <input type="checkbox"/> Contract Manufacturing / OEM | <input type="checkbox"/> Hygiene Products | <input type="checkbox"/> OTC / Retail Pharmacy | <input type="checkbox"/> Tablet & Capsule Manufacturing Equipment |
| <input type="checkbox"/> Education programs | <input type="checkbox"/> Lab Equipment / Quality Control | <input type="checkbox"/> Packaging | |

Select [✓] your Registration	Online Early Bird Registration Till 10 th January 2022	Online Pre-registration 11 th Jan - 18 th Feb 2022	Onsite Registration From 19 th Feb 2022 onwards
<input type="checkbox"/> Professionals	AED 882	AED 924	AED 1050
<input type="checkbox"/> Students	AED 378	AED 420	AED 483
<input type="checkbox"/> Professional Posters	AED 882	SUBMISSION _____ (Reg. deadline 10 th January 2022)	
<input type="checkbox"/> Student Posters	AED 378	SUBMISSION _____ (Reg. deadline 10 th January 2022)	

Please note that the Conference fee is non-refundable.

PAYMENT can be made either by cash, credit card, bank transfer or cheque

PAYMENT DETAILS: Cash Visa Master Card Bank transfer Cheque

Credit Card No.

Expiry Date MONTH YEAR

Name on Card

Authorisation Note: Please debit my credit card with an amount of AED Ithe card holder will honor this transaction and not hold INDEX Conferences & Exhibitions Organisation Est. responsible if the credit card has been compromised.

Cancellation Policy: I understand that the above mentioned charges per registration will be non-refundable.

NOTES: * Mandatory

- The above fee entitles you to Certificate of Attendance and CME points equivalent to the sessions attended
- Students are requested to submit a valid ID upon registration
- A third party agent has been appointed to facilitate with visas, more information can be found at www.index.ae/visa
- The above fees do not include lunch
- The conference fee is non-refundable
- It is mandatory for Poster Presenters to include Submission ID to participate in poster section
- The above fees is inclusive of 5% Value Added Tax - VAT**

Bank Transfer Details

Bank Details: Emirates NBD, Oud Metha Branch, Dubai, UAE
Account Name: Index Conferences & Exhibitions Organization Est.
Account No.: 1014435107601
IBAN: AE500260001014435107601 –
Swift Code: EBILAEAD

Signature: _____

Date: _____



INDEX® Conferences & Exhibitions Organisation Est.

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