



Middle Eastern Academy of Wound Technology

**MEAWT, DECEMBER 9-10, 2011  
Doha, QATAR – HAMAD MEDICAL CENTER**

**Delegate Registration Form**

**Delegate information**

Please fill this form  
in uppercase

Title:  Prof  Dr.

Civility:  Mr  Mrs.  Ms.

Family Name:.....First Name: .....

Speciality:.....

Company Name/ Organisation:.....

Address: .....

.....

City: .....Postal Code: .....Country: .....

Telephone number: .....E-mail: .....

**Registration Fee**

Nurses \$ 50,00 – for 2 days  
Doctors \$ 100,00 – for 2 days

**Payment**

**Bank transfer to:** Vulnus/ Academy of Wound Technology  
**Bank details:** BNP PARIBAS, Ivry sur Seine, France  
**IBAN Number:** FR76 3000 4008 3400 0102 4015 186  
**BIC:** BNPAFRPPIVR

**Cash on –site**

**Return this form**

Please return this form by one of these ways:

@ [office@awt.vulnus.org](mailto:office@awt.vulnus.org)

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