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OF DERMATOLOGY 2031  
DUBAI - CANDIDATE CITY



## Registration Form

Complete the form and send along with your Medical ID to [academy@edsuae.com](mailto:academy@edsuae.com)

### DELEGATE INFORMATION

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| Title:  | Prof.          | Dr.     | Mr.             | Mrs. | Miss |
| Delegate Name:<br>(as you wish to have it appear on your Certificate) |                |         |                 |      |      |
| Email Address:  |                |         | Mobile No.:     |      |      |
| University/Specialization:  |                |         |                 |      |      |
| Country of Study:   |                |         | State/Province: |      |      |
| If you are a UAE resident, please indicate from which city:           |                |         |                 |      |      |
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*Residents Academy registration is only for the academy and not for the main conference.*

*Conference registration is a separate one, please contact us to assist you.*

*\*Accompanying person is not allowed to access the course. Only one accompanying person can be registered per resident and they must also be a resident or medical students. Please contact the Conference Secretariat at [academy@edsuae.com](mailto:academy@edsuae.com) should you wish to register an accompanying person.*

Signature

Date

**Conference Organizer:**

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