













## **PARTICIPANT REGISTRATION FORM**

First	Middle	Family
Full Name:		
Title:		
		nality:
Country: Ci	ity:	P.O. Box/Street
,	/	
Phone:	F	āx:
Mobile:	E	-mail:
Registration fees: (Pre-Registration Required)		
<ul><li>International Participant:</li><li>Local Participant:</li></ul>		\$ 350 D 100
which includes the forum booklet. All participal  Total amount to be paid:		
Please send your payment to the:		
Private Hospitals Association THE HOUSING BANK FOR TRADE & FINANCE Main Branch / Amman – Jordan Swift Code: HBHOJOAXXXX IBAN: JO39HBHO0010000000783100101001 Account No. 0000783100101001		Please fax or email a copy of the registration form & bank transfer receipt to: (962) (6) (5157360) Or by email: communication@phajordan.org
Name of Authorized Person:		
Signature:		Date:
For more information; please co	ontact us:	
<b>Private Hospitals Association</b>		Jordan Valley Conferences and Exhibitions Services
<ul> <li>← +962 6 565 1869</li> <li>← +962 79 755 0355</li> <li>★ manager@phaj</li> </ul> www.phajordan.org		<ul><li></li></ul>