



REGISTRATION FORM
AAID-Maxicourse® Asia
Venue- Abu Dhabi



Name: _____
(Kindly enter name as you would like it to appear on your Maxicourse® completion certificate)

D.O.B: _____ **Male** **Female**

Address: _____

State of Registration/ Practicing: _____

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Course Fee

USA fee payment of USD 10,000.00 in favor of "Smile USA" by way of a demand Draft/Banker's cheque. Payable in 3 installments (\$4000, \$3000 & \$3000) to "Smile USA".

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Note: Additional Fee of \$1,000.00 for those participants wanting to register and take the Part I AAID Associate Fellowship Examination in Abu Dhabi.

For any further information regarding Maxicourse ®-Abu Dhabi visit the website www.aaid-asia.org or contact Dr. Ninette Banday at Drnbanday@yahoo.com or Mobile No: +971-50-3235913.

I acknowledge that I have made myself aware of all the terms and conditions and disclaimers listed in this website and in the Maxicourse® brochure.

Signature