



IRB Training....

Sheraton Amman, Jordan
July 31st , 2010.

Registration Form

First Name :
Middle Name :
Last/Family Name :
Contact information
Title :
Institution :
Department: Telephone :
Fax :
Email address(s) :
Address :

Mobile :
Country :
City/Postal Code :
Institution information
Name :
Type (choose one of the following) :
Academic:
Research :
Government:
Pharmaceutical industry:/ Name of the company
Other (specify):
Logistics
Do you need a formal invitation letter for visa or administrative purposes? (yes/No)
Do you need any assistance with hotel accommodation? (Yes /No)
If yes , please specify details: Room Type: Single/Double/Suite?
Check In Date:
Check Out Date:

Smoking (Yes / No):
Do you need airport meet and assist service (chargeable service)?(Yes/ No) If yes, please specify
Flight details Arrival date : Departure date :
Arrival Time From (City) : Flight number
Departure Time To (City) : Flight number :
Payment details/ FEES:
<input type="checkbox"/> My company is a member of JAPM and will pay the JAPM special fee of JD 100 (plus 16% VAT)
<input type="checkbox"/> My company is NOT a JAPM member and will pay the JAPM non member fee of JD 200 (plus 16% VAT)
Date: Signature:.....

Registration form to be sent back by fax to JAPM at ++962 6 5413116 or email Carmen@japm.com

If you need any information please contact: Carmen Abbadi
Tel: ++ 962 6 5413114

