



JAPM



## Clinical Investigation Training Program (CITP II)

Marriott Amman, Jordan

October 2<sup>nd</sup>, 2010.

### Registration Form

First Name :
Middle Name :
Last/Family Name :
<b>Contact information</b>
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
<b>Flight details</b> Arrival date :  Departure date :
<b>Arrival Time</b> From (City) : Flight number
<b>Departure Time</b> To (City) : Flight number :
<b>Payment details/ FEES:</b>
<input type="checkbox"/> My company is a <b>member of JAPM and</b> will pay the JAPM special fee of JD 250 ( <b>inclusive</b> of 16% VAT)
<input type="checkbox"/> My company is <b>NOT a JAPM member</b> and will pay the JAPM non member fee of JD 350 ( <b>inclusive</b> of 16% VAT)
Date: ..... Signature:.....

Registration form to be sent back by fax to:

**JAPM** at ++962 6 5413116 or email [Carmen@japm.com](mailto:Carmen@japm.com)

And **JFDA** at Fax: 5105916 or email [Hala.abdullah@jfda.jo](mailto:Hala.abdullah@jfda.jo)

If you need any information please contact: Carmen Abbadi

Tel: ++ 962 6 5413114

