



The Muhanna Foundation

HEALTH ADMINISTRATION AND FINANCING DIPLOMA PROGRAM

Beirut, Lebanon– 12th till 22nd January, 2009

REGISTRATION FORM

Please Print, Sign and Fax to: +961 1 751292

or email to: haf@muhanna.org

Sponsoring Organization						
Name of Organization		Telephone #		Fax #		
Street Address				City, Country		
Name of contact person		Position		Email		
Participants						
1	Title	First Name	Last Name	Position	Module A ()	Module B ()
2	Title	First Name	Last Name	Position	Module A ()	Module B ()
3	Title	First Name	Last Name	Position	Module A ()	Module B ()
4	Title	First Name	Last Name	Position	Module A ()	Module B ()
5	Title	First Name	Last Name	Position	Module A ()	Module B ()
Courses Description						
Module A – Healthcare Administration				Module B – Healthcare Financing		
Registration Fees (deadline for payment January 10 th , 2009)						
Participants from same company				() One	() Two	() Three or more
Fees in US\$ per module / per participant				2,100	2,000	1,900
Early registration fees (if paid before December 15 th , 2008)				1,900	1,800	1,700
Amount to be paid US\$						
Mode of Payment						
Credit Card Type (tick one)				Bank Transfer		
() VISA	() MasterCard	() AMEX		The Muhanna Foundation - Audi Bank		
Credit Card number				Bliss Branch		
Expiry Date				Beirut, Lebanon		
Name on Card				Account: 528842 461 002 040 01		
Signature				Swift Code: AUDBLBXX		

Cancellation Policy: Cancellations made after December 25th, 2008 are subject to a 25% penalty on refunded subscription fees. No refund of fees is applicable for any cancellation after January 1st, 2009.