

ISTENER REGISTRATION FORM

e-mail: info@ichmr.com Web: www.ichmr.com

Payment of a registration fee covers the cost to attend all conference activities, coffee breaks, conference reception and banquet, and all lunches during the conference. In addition, each registrant will receive a copy of the conference certificate.

Notice that this registration fee does not cover transportation fee, accommodation fee, and after conference tour fee.

All auestions and inquiries concerning registration

Signature (Listner):

Remarks:

Please complete this form and email a scanned copy

and payment should be addressed to:			to: info@ichmr.com		
info@ichmr.com		•	o. miowienmi.e.		
		3rd International Conference on Health Care and Medical Research (ICHMR-2025)			
Venue/Place of Event		Dubai, UAE			
Date of Event		06th & 07th December 2025			
PLEASE KINDLY FILL	. IN A SEI	PARATE REGISTRATION FOR	RM FOR EACH CONFERE	NCE PARTICI	PANT
Full Name			Highest Qualification		
Affiliation/Designation					
Mailing Address					
City, Zip, Country		Passport Number:			
Mobile(With Country code)			Email		
Listener Registration information	Listener	Reg. ID:			
PAYMENT INFORM	IATION				
	(IOD)	Bank Name	Remitter	Date	Ref. No
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		For online transfer	Order ID/Traction ID:	tration form	
	to provide	For online transfer (Debt card/Credit card/Online Banking) a scan copy of ID Proof /Pass	Order ID/Traction ID:	tration form	
Note: It is mandatory t	to provide	For online transfer (Debt card/Credit card/Online Banking) a scan copy of ID Proof /Pass	Order ID/Traction ID: sport along with this Regis	tration form	
Note: It is mandatory to ADDITIONAL INFO Will you present ph	ro provide RMATIC In provide a service of the control of the cont	For online transfer (Debt card/Credit card/Online Banking) a scan copy of ID Proof /Pass	Order ID/Traction ID: sport along with this Regis(Y/N).	tration form	