

## Registration Form

All fields marked with (\*) are required.

### PERSONAL INFORMATION

Male  Female  Prof.  Dr.

\*Last Name:

\*First name:

Company:

Department:

\*Street / P.O Box:

\*Zip Code:

\*City:

\*Country:

Telephone (country code):

City Code:

Number:

Fax (country code):

City Code:

Number

\*Email:

### MEMBERSHIP

### FEEES

	OSR members (OMR)	OMA members (OMR)	Paid to OSR (OMR)*	Paid to OMA (OMR)*
<input type="checkbox"/> Specialists Professionals	20	40		
<input type="checkbox"/> Residents & Fellows	10	30		
<input type="checkbox"/> Nurses & other HP	20	NA		
<input type="checkbox"/> Students	Free	NA		

### PAYMENT CAN BE MADE BY:

Oman Society of Rheumatology:

**Bank Muscat**

**Account # 0316005366510331**

\*Please indicate if the OMA fees paid to OMA or all deposited to the OSR account and provide evidence

### BENEFITS:

- Discounted rate on OSR activities & some OMA activities
- Medical resources access in future (to be available for members only).