Please fill the form(s) and send it (them) to us.

Registration Form

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Receipt No and Date | Iranian Medical Council  | National ID | Email Address | Phone No | Specialty | First & Last Name |
|  |  |  |  |  |  |  |

Reserve hotel Form

|  |  |  |  |
| --- | --- | --- | --- |
| First & Last name | ***room*** | ***Date Of Check in*** | ***Date of Check out***  |
|  |  |  |  |