

# WFC'S 5<sup>TH</sup> EASTERN MEDITERRANEAN MEETING

Hosted by

**The Jordan University of Science and Technology**

*Irbid, Jordant, April 24-25, 2010*

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REGISTRATION FORM \* - PLEASE USE BLOCK LETTERS

**Participant**

Family name: \_\_\_\_\_

First name: \_\_\_\_\_ Professional Title: \_\_\_\_\_

Capacity: \_\_\_\_\_

Company/Organisation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ Country: \_\_\_\_\_ Postal /Zip Code \_\_\_\_\_

Chiropractic Association Membership: \_\_\_\_\_

Chiropractic School of Graduation: \_\_\_\_\_ Year of graduation \_\_\_\_\_

Telephone: \_\_\_\_\_ Telefax: \_\_\_\_\_  
(country code/area code/number)

SKYPE name (if any): \_\_\_\_\_

E-mail: \_\_\_\_\_

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\* No Registration Fee will be charged to our delegates. Special thanks to our host the **Jordan University of Science and Technology** and our Sponsor the **Canadian Memorial College of Chiropractic**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

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