

VIP REGISTRATION FORM



7th Arab-German Health Forum
April 14th-15th, 2014
Haus der Wirtschaft
Willi-Bleicher-Straße 19, D-70174 Stuttgart

Hereby I confirm my participation at the 7th Arab-German Health Forum, 2014

I would like to participate in the following Sessions:

Monday, April 14th, 2014

- 14.00 h ☐ Opening Ceremony
15.30 h ☐ Session 1: Examining Potential: Innovations in Medical Technology
19.30 h ☐ Reception and Dinner

Tuesday, April 15th, 2014

- 09.00 h ☐ Session 2: Medical Exchange Programs: Arab-German Cooperation
in Education and Staff Training
11.00 h ☐ Session 3: Top-Notch Healthcare Locations in Germany:
Best Practice Example Baden-Württemberg
14.00 h ☐ Session 4: Diagnosing Growth: Business Opportunities in the Arab Countries
16.00 h ☐ Session 5: Medical Projects: Planning, Building and Managing
Healthcare Facilities
17.30 h ☐ Concluding Remarks

KINDLY FILL OUT IN CAPITAL LETTERS

First Name _____ Name _____
Position (english) _____
Company/Institution _____
Sector (english) _____
Street _____
ZIP Code/City _____
Telephone _____
Fax _____
E-Mail _____
Website _____
Location, Date _____
Signature, Stamp of Company _____