EDUSCOPE INTERNATIONAL

REGISTRATION FORM

Registration Date: _____

CANDIDATE'S INFORMATION	
Name:	Title: ☐ Dr. ☐ Mr ☐ Mrs ☐ Ms.
Mobile Number:	Organization:
Are you doing the course: First Time ☐ Renewal ☐	Profession ☐ Doctor ☐ Nurse ☐ Allied Staff ☐ Others
Atlas/AHA Registered **Email ID**:	License: ☐ DHA ☐ MOH ☐ HAAD ☐ DHCA

Please write legibly in ***CAPITAL* as required in the certificate**

PEDIATRIC ADVANCED LIFE SUPPORT (PALS)
October 2026

SL NO.	DATE	DAY	TICK YOUR DESIRED COURSE
1	5th October 2026 & 6th October 2026	Monday & Tuesday	
2	12th October 2026 & 13th October 2026	Monday & Tuesday	
3	14th October 2026 & 15th October 2026	Wednesday & Thursday	
4	22nd October 2026 & 23rd October 2026	Thursday & Friday	

Send back to us the filled registration form together with the payment receipt to our email id:
info@eduscope.me / lifesupport@eduscope.me

Note: E-book along with instructions on how to download shall be shared via email.

MODE OF PAYMENT:

1. **CASH PAYMENT:** You can visit us in our Training Center
2. **CHEQUE PAYMENT:** Payable to Eduscope International FZ LLC (cheque should be cleared 5 days before the course date)
3. **BANK:** through (a) cash deposit Emirates NBD ATM (no charge); (b) Bank deposit through Emirates NBD

BANK DETAILS:

Account Name: Eduscope International FZ LLC
Account No.: 101 414 693 5401
Bank: Emirates NBD
Branch: Wafi Mall Swift
Code: EBILAEAD
Iban No.: AE 90 0260 0010 1414 6935 401

- Request for issuance of new certificate is AED 50/-

Eduscope International has the right to cancel or reschedule a specific course. In case of cancellation and rescheduling, we will notify and candidates will have an opportunity to select alternative courses. NO REFUND POLICY IS APPLICABLE.

RESCHEDULE POLICY:

- **RESCHEDULE WITHOUT AFFECTING THE REGISTRATION FEE:**
  a) The reschedule notification should be sent to us via email **10 days prior to the selected course date**.
  b) In case of medical emergency, kindly share the medical supportive document(mandatory). Reschedule Request without the document will not be considered.
- **RESCHEDULE WITH ADDIONAL PAYMENT**
  a) If the reschedule notification is sent **between 9-5 days prior to the selected course date, 50% of the course fee would be charged additional as penalty.**
  b) If the reschedule is **less than 4 days**, then the **course will be forfeited** and the candidate should re-register for the course.
- We can accommodate the rescheduling of the course only **"once** "and with valid reason and supporting Document.
- Candidates have to be present for the session at the mentioned course time.
- Candidates who arrive late after 15 minutes of the start of the session will not be allowed and the session shall be forfeited.
- **Failure to complete & submitted the PALS Precourse self-assessment and video lessons prior to the scheduled course date will be forfeited.**
- Course will be forfeited if the candidate will not attend the scheduled session.
- "**NO REFUND POLICY"** is permitted.

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Remarks:

Medical Issues (if any) please mention:_____
If you have any physical limitations to perform the practical skill test, kindly mention:

_____

For Ladies:

Are you pregnant: ☐ Yes ☐ No
If yes (please specify): No of weeks: _____

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I HEREBY CONFIRM THAT I HAVE READ AND UNDERSTOOD THE ABOVE-MENTIONED POLICY.

Signature:_____

Date: _____