

The Doctor Connect Event Application Form



MAGLEV EVENTS

Application Date

Company Name

Estimated Date for the Event

		<input type="checkbox"/> In one Month <input type="checkbox"/> In three Months <input type="checkbox"/> Flexible
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Event Focus

Event Focus: (Kindly specify whether the event will include a product launch or general presentation)

Rooms required

☐ Yes

☐ No

Event Details

Venue Category

☐ 4 Starts

☐ 5 starts

Workshops

☐ Yes

☐ No

Entertainment

☐ Yes

☐ No

Dinner

☐ Yes

☐ No

Attendees / Presentation Requirements

Number of Guests Required to be invited

☐ 30 to 50 pax

☐ 80 to 100 pax

☐ 150 to 200 pax

☐ 200+ pax, please specify:

Invitees Profession:

☐ Owners / Decision Makers

☐ Doctors / Therapists

☐ Distributors

Printing materials required (Catalogs, Gifts, Presentation materials etc.)

☐ Yes

☐ No

Proposal to be sent to:

Name	Designation	Email Address	Contact Number

Kindly share a copy of this application by E-mail or WhatsApp to receive a tailored preliminary proposal for your event.

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