## **REGISTRATION FORM**

## "2<sup>nd</sup> King Faisal Specialist Hospital and Research Centre Forum on Reproductive and Sexual Medicine"

16-17 November 2016 / 16-17 Safar 1438

Please print <b>CLEARLY</b> in <b>BLOCK CAPITALS</b> and return this form with payment.	
First and Middle Names: (as you wish it to be printed on the certificate)	
Last/Family Name: (as you wish it to be printed on the certificate).	
PLEASE ENSURE THIS IS THE CORRECT SPELLING OF YOUR NAME AS THERE WILL BE NO RE-PRINTING OF CERTIFICATES. ONLY ATTENDING DELEGATE MAY PICK UP CERTIFICATE.	
TITLE: Dr. Prof. Mr. Mrs. Miss Other	r: GENDER:
Saudi Commission for Health Specialties (SCFHS) Lic	ense No.: **Required by the SAUDI COMMISSION**
Profession:	
Institution:	Telephone:
Mailing Address :	City/Postal Code:
EMAIL ADDRESS:	Mobile:
EARLY REGISTRATION (By 30 September 2016) (Payment must be received by deadline date.)	
ENTIRE SYMPOSIUM – 2 DAYS  SR 400 – Physicians (Consultants/Specialists/GP's/Assistants)  SR 300 – Residents / Fellows  SR 200 – Non-Physicians  SR 100 – Students	
LATE/ON-SITE REGISTRATION (After 30 September 2016)	
ENTIRE SYMPOSIUM – 2 DAYS  SR 500 – Physicians (Consultants/Specialists/GP's/Assistants)  SR 400 – Residents / Fellows  SR 300 – Non-Physicians  SR 100 – Students  IMPORTANT INFORMATION:	
1 Registration is not confirmed until payment is received	

- 1. Registration is <u>not confirmed</u> until payment is received.
- 2. Payment is accepted in cash or money transfer payable to: UROLOGY WORKSHOP AND DEPARTMENT OF UROLOGY SA1380000114608010144858 or
- **3. Register Personally** to the Urology Department located at the MSS Building, Level 4
- **4. Cancellation/Refund Policy:** Request for refund must be received one (1) month prior to the symposium. Administrative fee of **SR50** will be deducted from all refunds.

## Send payment and Registration Form to:

Department of Urology

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