REGISTRATION FORM

"2nd King Faisal Specialist Hospital and Research Centre Forum on Reproductive and Sexual Medicine" 16-17 November 2016 / 16-17 Safar 1438

Please print CLEARLY in BLOCK CAPITALS 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: GENDER: Male Female Saudi Commission for Health Specialties (SCFHS) License No.: **Required by the SAUDI COMMISSION** Profession: Institution: **Telephone:** Mailing Address : City/Postal Code: EMAIL ADDRESS: Mobile: EARLY REGISTRATION (By 31 October 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 31 October 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.

2. Payment is accepted in cash or money transfer payable to: UROLOGY WORKSHOP AND DEPARTMENT OF UROLOGY SA1380000114608010144858 (Alrajhi Bank) 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:

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