### King Faisal Specialist Hospital & Research Centre

# **REGISTRATION FORM** Nursing Educational Day

## Date: 1 Mar 2017 Time: 07:30 -17:00

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:	
	1	

#### **REGISTRATION FEE: On the same day of the event**

	2 Days
Nursing Student	100
NON-Nursing Student	250

#### **IMPORTANT INFORMATION:**

- **1.** Registration is <u>not confirmed</u> until payment is received.
- **2.** Payment is accepted only in cash on the same day of the event.

NursingRecruitment@kfshrc.edu.sa

0114423442 - 0114647272 Ext: 74258