7th PEDIATRIC FLEXIBLE BRONCHOSCOPY COURSE

13-15 May 2017; 17-19 Sha'ban 1438
King Faisal Specialist Hospital & Research Centre (KFSH&RC)
Riyadh – Kingdom of Saudi Arabia

REGISTRATION FORM

Please write your name clearly and as you wish to be in certificate			
SCHS ID# (if applicable)		SCHS ID expiry date:	
Name:			
Hospital:	Department:		
Address (P.O. Box, City, Zip Co	ode):		
Position:	E-mail:		
Home Telephone:		Mobile Number	:
Registration fees	Early L	_ate/On-site	
SPPA/STS/APPA* members	1,000 SR	1,250 SR	
Physicians in-Training**	1,000 SR	1,250 SR	
Other Physicians	1,250 SR	1,500 SR	Deadline for
*SPPA: Saudi Pediatric Pulmonology STS: Saudi Thoracic Society, APPA: Arab Pediatric Pulmonolog **Need letter from program director	gy Association.	ining position.	early registration: 04 May 2017
Note: ✓ Cheque should be payable to:	King Faisal Specialis	st Hospital & Researcl	h Centre.

FOR FURTHER INFORMATION & REGISTRATION

✓ Mail to the attention: Pediatric Pulmonary Secretariat, or cash payment by hand.

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