REGISTRATION FORM

"FETAL CARE IN SAUDI ARABIA: STATUS AND FUTURE 10-11 May 2017 / 14-15 Shaban 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. 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 30 April 2017)

(Payment must be received by deadline date.)

ENTIRE SYMPOSIUM – 2 DAYS

- SR 400 Physicians
- SR 300 Residents / Fellows
- SR 200 Non-Physicians
- SR 100 Students

LATE/ON-SITE REGISTRATION (After 30 April 2017)

ENTIRE SYMPOSIUM – 2 DAYS

- SR 500 Physicians
- SR 400 Residents / Fellows
- SR 300 Non-Physicians
- SR 100 Students

IMPORTANT INFORMATION:

1. Registration is <u>not confirmed</u> until payment is received.

2. Payment is accepted in cash or money transfer thru Al Rajhi Bank, Takhassusi st. payable to: Academic Affairs Postgraduate Funds

SA5580000 114 608 010035171 or

3.Log on to <u>www.kfshrc.edu.sa</u> and follow the steps on how to do the **ONLINE** payment

4.Cancellation/Refund Policy: Request for refund must be received one (1) month prior to symposium. Administrative fee of **SR50** will be deducted from all refunds.

Send payment and Registration Form to:

Academic & Training Affairs – CME Section King Faisal Specialist Hospital & Research Center MBC-36, P.O. Box 3354, Riyadh 11211, KSA Tel. No.: +966-11-442 7238

+966-11-464-7272 ext 31830 E-mail: <u>websymposia@kfshrc.edu.sa</u> Website: www.kfshrc.edu.sa