## REGISTRATION FORM

## "3rd King Faisal Specialist Hospital and Research Centre Forum on Reproductive and Sexual Medicine"

22 & 23 November 2017 / 5 & 6 Rabia Al Awal 1439

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 c	ertificate)
Lastraining Name: (as you wish it to be printed on the c	stilloate).
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 Othe	r: GENDER:
Saudi Commission for Health Specialties (SCFHS) Lie	cense No.: **Required by the SAUDI COMMISSION**
Profession:	
Institution:	Telephone:
Martina A. I. Ivana	01/2/12-2/2/ 02-12
Mailing Address :	City/Postal Code:
EMAIL ADDRESS:	Mobile:
EARLY REGISTRATION (By 31 October 2017) (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 2017)	
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ENTIRE SYMPOSIUM – 2 DAYS  SP 500 Physicians (Consultants/Specialists/CP's/Assistants)	
<ul><li>☐ SR 500 – Physicians (Consultants/Specialists/GP's/Assistants)</li><li>☐ SR 400 – Residents / Fellows</li></ul>	
SR 300 – Non-Physicians	
SR 100 – Students	
IMPORTANT INFORMATION:	
1 Pagistration is not confirmed until navment 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 (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:

Department of Urology

King Faisal Specialist Hospital & Research Centre MBC-83, P.O. Box 3354, Riyadh 11211, KSA

Tel. No.: +966-11-442 4307 +966-11-442 4302

E-mail: <u>urology@kfshrc.edu.sa</u> Website: www.kfshrc.edu.sa