## REGISTRATION FORM

## 2<sup>nd</sup> Combined Gulf Cancer Conference 27-29 March 2018

riease print <u>CLEARLT</u> in <u>BLOCK CAPITALS</u> and retuin	tills form with payment.
First and Middle Names: (as you wish it to be printed or	the certificate)
Leat/Comity Names (or you wish it to be printed on the o	
Last/Family Name: (as you wish it to be printed on the c	
PLEASE ENSURE THIS IS THE CORRECT SPELLING OF YOUR NATIONALY ATTENDING DELEGATE MAY PICK UP CERTIFICATE.	ME AS THERE WILL BE NO RE-PRINTING OF CERTIFICATES.
TITLE: Dr. Prof. Mr. Mrs. Miss Othe	r: GENDER:
Saudi Commission for Health Specialties (SCFHS) Lie	cense No.: **Required by the SAUDI COMMISSION*
Profession:	
	T
Institution:	Telephone:
Mailing Address :	City/Postal Code:
maming reduces :	Only it could be used.
EMAIL ADDRESS:	Mobile:
PRE-REGISTRATION (Up to 1 day prior to symposium	n date)
ENTIRE SYMPOSIUM – 3 DAYS  SR 300 – Consultants  SR 200 – Residents / Fellows  SR 150 – Non-Physicians  SR 50 – Students	
LATE/ON-SITE REGISTRATION (On-site)	

## IMPORTANT INFORMATION:

- **1.** Registration is not confirmed until payment is received.
- **2.** Payment is accepted in cash at CME Office, KFSHRC
- 3. Cash deposit or bank transfer should be payable to: Account Name: Academic Affairs Postgraduate Funds Bank Name: Al Rajhi Bank Bank Address: KFSHRC Branch, Takhassusi st.

Bank Address: KFSHRC Branch, Takhassusi st. IBAN: SA5580000 114 608 010035171

**4.** All paid registration fees are **non-refundable.** 

## **Payment and Registration**

Please send registration form, and copy of transfer or bank receipt to:

websymposia@kfshrc.edu.sa adelrosario@kfshrc.edu.sa

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