



1st Saudi Hematology Research Day
04 March 2016, Friday, 6:00 PM

5th Annual Symposium of Critical Reviews in Hematological Malignancies
05 March 2016, Saturday, 7:30 AM

(Please tick if attending Day 1 or Day 2 or both)

Day 1

Day 2

GENDER: Male Female TITLE: Prof. Dr. Mr. Mrs. Ms. Other: _____

Please **WRITE/TYPE** all information **CLEARLY**, as you wish to be printed on the certificate.

REGISTRATION FORM

FIRST NAME
SECOND NAME
LAST NAME
PROFESSION
DEPARTMENT
INSTITUTION / HOSPITAL
MAILING ADDRESS
CITY / POSTAL CODE
CONTACT NO. / MOBILE NO.
E-MAIL ADDRESS
SAUDI COMMISSION REGISTRATION NUMBER (REQUIRED FOR PARTICIPANTS FROM SAUDI ARABIA ONLY)

Please return completed forms to:
 criticalreviewsinhem@kfshrc.edu.sa
 adulthematology@kfshrc.edu.sa

Adult Hematology/HSCT
 Oncology Centre (MBC-64)
 King Faisal Specialist Hospital &
 Research Centre
 PO Box 3354, Riyadh 11211
 Saudi Arabia
www.saudileukemia.org

REGISTRATION FEE:
 Physicians - FREE
 Non-physicians - SR 200

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