Registration No._____

مستشفى الملك فيصل التخصصي ومركز الأبحاث
King Faisal Specialist Hospital & Research Centre
Gen. Org. مؤسسة عامة

Department of Family Medicine & Polyclinics
Diabetes Day
Saturday, 29 APRIL 2017 (03 SHABAN 1438)
7:30 AM – 12:00 PM
King Salman Auditorium, KFSH&RC

REGISTRATION FORM

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.

TITLE: ☐ Dr. ☐ Prof. ☐ Mr. ☐ 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:***

REGISTRATION FEE: SR 100 | ONSITE REGISTRATION: SR 150

IMPORTANT INFORMATION: Registration is not confirmed until payment is received**. Payment is accepted in direct bank deposit and certified cheque only. Please make payment payable to:**

Department of Family Medicine & Polyclinics-KFSH&RC
Al Rajhi Bank, KFSH Branch, Riyadh, Saudi Arabia
IBAN: SA13 8000 0114 6080 1012 3712

Send Payment and Registration Form to:
Department of Family Medicine & Polyclinics (MBC-62), King Faisal Specialist Hospital & Research Centre
P.O. Box 3354, Riyadh 11211, Kingdom of Saudi Arabia
Email: Fammed-cme@kfshrc.edu.sa
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