

Academic & Training Affairs
REGISTRATION FORM

Event

2nd Pediatric Hematology Oncology Updates 2017

60% attendance and more is eligible for CME accreditation

SCFHS License #														
First Name														
Middle Name														
Last Name														
Workplace														
Title							Specialization							
Mobile No.														
Email														
Registration Fees	REGISTRATION						KFSHRC			NON-KFSHRC				
	Physicians						350			400				
	Residents/Fellows/ Applied Medical Science/Nurses						200			300				
	Medical Students						200			200				

Payment Method

- **Money Transfer:** Bank Account No/ IBAN: SA6280000627608010300492
Swift code : RJHSARI
- **Cash:** at the Hospital Main Cashier
Copy of bank receipt must be faxed or emailed immediately after payment.

PLEASE REMEMBER

- Money transfer per participant
- Money transfer for several people **WILL NOT BE ACCEPTED**
- Registration **IS NOT CONFIRMED** until payment received
- Please bring the original receipt with you to the event

- **Cancellation/Refund Policy:** Administrative fee of SR 50 will be deducted from all refunds.
- For applicants from outside the Kingdom of Saudi Arabia, **Visa completion is required**

For registration and further information, please contact:

Organizing Department

Pediatric Hematology Oncology

Shujoun Aljuaid

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Fax: 667 7777 (Ext:)

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CME Office:

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Tel: +966 2 667 7777 Ext. 68485/
Fax +966 2 667 7777 Ext: 65310
Email: jcme.kfshrc@gmail.com

Important :

Please check your account in Mumaris after one week from the activity date, in case your name not found in Mumaris, please contact the organizing department