

REGISTRATION FORM

"7th ORTHOPEDIC BASIC SCIENCE COURSE"

9 - 11 DECEMBER 2017

DI-		m mi	+ C	LEAD	1V:	. DI C		DITA	10	ما سما	1	hic f		- ط+ن		-n+										
		•				BLO									•	ent.										
Fir	First and Middle Names: (as you wish it to be printed on the cert												rtifica	ate)		1			ı	1		1	1		 	
Las	st/F	amil	y N	ame	: (as	you v	vish it	to b	e prir	nted	on th	e cer	tifica	te).	ı	1		1		1	ı		ı			<u> </u>
	ĺ		_																							
																									<u> </u>	
		ENSU CATE.		THIS IS	STHE	CORRE	CT SPE	LLING	OF YO	OUR N	AME A	AS THE	RE WI	LL BE N	NO RE-	PRINT	ING O	F CERT	IFICAT	ES. O	NLY A	TTENE	DING [DELEGA	ATE MA	AY PICK U
TIT	LE:		Dr.	F	Prof.	□ M	lr. 🗌	Mrs.	r	Miss		Other	: ME	DICAI	LINT	ERN		(GENE	DER:		Male		Fema	ıle	
Sa	udi (Com	mis	sion	for I	Healt	h Spe	cialti	es (S	CFHS) Lice	nse I	No.:	**Re	quire	d by	the S	AUDI	CON	/MIS	SION	**				
																									Ш_	
Profession:									Specialty:																	
Ins	Institution:											Telephone														
Ma	ailin	titution: iling Address :										City/Postal Code:														
		B / 10												C. C. 7,	,	.u. 00										
EMAIL ADDRESS:											Mobile:															
RE	GIS	TRA	TIO	N FE	ES (u	ıntil 1	. <mark>5 N</mark> o	vemb	er 20	017)																
П	SR 1	1 300	١.	. Phy	usicia	ins																				
☐ SR 1,300 - Physicians ☐ SR 700 - Residents in training/Fellows & SOA Members																										
						, inte																				
ON-SITE REGISTRATION (ADDITIONAL 150.00 – WITH ADVANCED ACCEPTANCE)																										
П	SR	1 30	o -	. Ph	ysicia	ins																				
		-					rainii	ng, Fe	ellow	s & S	OA N	1emb	ers													
	☐ SR 700 - Residents in training, Fellows & SOA Members ☐ SR 350 - Students, interns, non-medical																									

NOTE: PLEASE REGISTER EARLY, AS WE HAVE LIMITED NUMBER OF PARTICIPANTS (MAXIMUM 10 FOR PHYSICIANS; 100 MDs IN TRAINING; 15 INTERNS/STUDENTS; 25 FOR NON-MEDICAL)

IMPORTANT INFORMATION:

- 1. Registration is <u>not confirmed</u> until payment is received.
- 2. Payment is accepted in CASH ONLY.
- **3. Cancellation/Refund Policy:** Request for refund must be received one month prior to the event. Administrative fee of SR 50 will be deducted from all refunds.

Send payment and Registration Form to:

Department of Orthopedic Surgery King Faisal Specialist Hospital & Research Center P.O. Box 3354, MBC 77, Riyadh 11211, KSA Tel. No.: +966 11 442 7591 / 442 3820

Fax No.: 966 11 442 7597

E-mail: PManalastas@kfshrc.edu.sa Mcabalhin@kfshrc.edu.sa