



9 - 11 DECEMBER 2017

First and Middle Names: (as you wish it to be printed on the certificate)

[illegible]

Last/Family Name: (as you wish it to be printed on the certificate).

[illegible]

TITLE: ☐ Dr. ☐ Prof. ☐ Mr. ☐ Mrs. ☐ Miss ☐ Other: MEDICAL INTERN

GENDER: ☐ Male ☐ Female

Saudi Commission for Health Specialties (SCFHS) License No.: **Required by the SAUDI COMMISSION**

[illegible]

Profession:	Specialty:
Institution:	Telephone
Mailing Address :	City/Postal Code:
EMAIL ADDRESS:	Mobile:

REGISTRATION FEES (until 15 November 2017)

- ☐ SR 1,300 - Physicians
- ☐ SR 700 - Residents in training/Fellows & SOA Members
- ☐ SR 350 - Students, interns, non-medical

ON-SITE REGISTRATION (ADDITIONAL 150.00 – WITH ADVANCED ACCEPTANCE)

- ☐ SR 1,300 - Physicians
- ☐ 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 not confirmed 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:
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