

QUALITY MANAGEMENT DIVISION WORKSHOPS-RIYADH

Registration Form

* First Name:							
Middle Name:							
* Last Name:							
* Organization:							
Profession: Phys /Nurse/Student	sician/Resident		Spe	cialty:			
* Saudi Council (for Local Attende							
Contact Details:		مع ا	فيعنى اللح				
Area Code:	Office Tel. No.:	Ext.: (If any)	* Mobile:	Fax. No.: (If any)	Ext.: (If any)		
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Performance Improvement Workshops for 2018:							
Performance Imp	rovement Workshops fo	or 2018:		Se:			
	provement Workshops for ce Improvement Worksho		Choose	Date	Fees		
Basic Performance Accredited 7 CME	ce <mark>Improvement Works</mark> ho		Choose	Date 23 October 2018	Fees 500 SR		
Basic Performanc	ce <mark>Improvement Works</mark> ho		Choose				
Basic Performance Accredited 7 CME From 08:00 am to Advanced Perform	ce Improvement Worksho 0 05:00 pm mance Improvement Wor	p (Full Day)	Choose Choose				
Basic Performance Accredited 7 CME From 08:00 am to Advanced Perform (Note: Basic Perform prerequisite) Accredited 5 CME	ce Improvement Worksho 0 05:00 pm mance Improvement Worksho mance Improvement Worksho E	p (Full Day)		23 October 2018	500 SR		
Basic Performance Accredited 7 CME From 08:00 am to Advanced Perform (Note: Basic Perform prerequisite)	ce Improvement Worksho 0 05:00 pm mance Improvement Worksho mance Improvement Worksho E	p (Full Day)		23 October 2018 Date	500 SR Fees		
Basic Performance Accredited 7 CME From 08:00 am to Advanced Perform (Note: Basic Perform prerequisite) Accredited 5 CME	ce Improvement Worksho 0 05:00 pm mance Improvement Worksho mance Improvement Worksho 0 05:00 pm	p (Full Day) kshop (Full Day) hop is a		23 October 2018 Date	500 SR Fees		
Basic Performance Accredited 7 CME From 08:00 am to Advanced Perform (Note: Basic Perform prerequisite) Accredited 5 CME From 08:00 am to	ce Improvement Worksho 0 05:00 pm mance Improvement Worksho mance Improvement Worksho 0 05:00 pm Full Day)	p (Full Day)	Choose	23 October 2018 Date 13 November 2018	500 SR Fees 500 SR		

Payment should be made through Al-Rajhi Bank – Riyadh IBAN: SA1380000114608010123712

* Mandatory

IMPORTANT INFORMATION:

- 1. Please follow the steps below to register for the Workshop/course:
 - a. Fill in the registration form.
 - b. Transfer/Deposit the exact amount of fee for the Workshop/course registration to the bank account: Al Rajhi Bank, Kingdom of Saudi Arabia, IBAN: SA1380000114608010123712 / SWIFT CODE: RJHISARI
 - c. In the bank deposit slip and/or transfer form comment field, enter the following: "QMD WS"
 - d. Email a clear scanned copy of the registration form along with the bank deposit slip and/or transfer form to: QMDR@kfshrc.edu.sa & CC to: faisAlFayez@kfshrc.edu.sa; fabumostafa@kfshrc.edu.sa
 - e. Bring the original bank deposit slip and/or transfer form at the day of the workshop
- 2. Registration is confirmed after the payment is received
- 3. Payments are non-refundable

For further information regarding the workshop materials and topics, please contact: email QMDR@kfshrc.edu.sa or call 0112162919 Ext.35301

For further information regarding the workshop materials and topics, please contact: Rania Alobari, Performance Improvement Specialist Quality Management Division, KFSH&RC (Gen. Org.) E-mail: RAI-Obari@kfshrc.edu.sa



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Contact Details:											

Area Code:	Office Tel. No.:	Ext.: (If any)	* Mobile:	Fax. No.: (If any)	Ext.: (If any)
				Ge.	

Patient Safety Workshops for 2018:

Basic Patient Safety Workshops (Full Day)	Choose	Date	Fees
Accredited 5 CME		04 September 2018	500 SR
From 08:00 am to 04:00 pm		27 November 2018	500 SR
Advanced Patient Safety Workshop (Full Day)	Choose	Date	Fees
(Note: Basic Patient Safety Workshop is a prerequisite)		30 October 2018	500 SR
(Note: Basic Patient Safety Workshop is a prerequisite) Accredited 5 CME From 08:00 am to 04:30 pm		30 October 2018 25 December 2018	500 SR 500 SR

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Akram Bashaireh, Patient Safety Specialist Quality Management Division, KFSH&RC (Gen. Org.) E-mail: abashaireh@kfshrc.edu.sa