ONLINE REGISTRATION FORM

METABOLIC NUTRITION COURSE 2019

17-20 April 2019 / 11-14 Shaban 1440

Exhibition Classrooms 3rd Floor, KFSH&RC-Riyadh

REGISTRATION DATE_____

IMPORTANT INFORMATION:

1. Complete the Application form and send it to the email (mnc@kfshrc.edu.sa)
2. Attach a CV summary describing your current job and work experience with a copy of your SCFHS license ID.
3. If your application is initially accepted, an online test link will be sent to you in a specific time.
4. If you pass the exam, the course fees should be deposited in the bank account: (IBAN# SA1380000114608010123712 King Faisal Hospital Business Operation) & copy of the payment should be send to (mnc@kfshrc.edu.sa) to complete your registration.
5. Registration is **not** confirmed until payment is received.
6. All paid registration fees are **non-refundable.**

Please print **CLEARLY** in **BLOCK CAPITALS**

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. ONLY ATTENDING DELEGATE MAY PICK UP CERTIFICATE.

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:***
Mailing Address :	***Telephone:***
EMAIL ADDRESS:	***Mobile:***

REGISTRATION FEE:

(Until 15 April 2019): SAR 2,500

For more information, please don't hesitate to contact the organization committee on the email: mnc@kfshrc.edu.sa