

**“5th King Faisal Specialist Hospital and Research Centre Forum on
Reproductive and Sexual Medicine”
19 & 20 October 2019**

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

[illegible][illegible]

GENDER: ☐ Male ☐ Female

[illegible]

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

☐ SR 400 – Consultants/Dietitians
☐ SR 300 – Residents / Fellows
☐ SR 200 – Non-Physicians
☐ SR 100 – Students

☐ SR 500 – Consultants/Dietitians
☐ SR 400 – Residents / Fellows
☐ SR 300 – Non-Physicians
☐ SR 100 – Students

1. Registration is **not confirmed** until payment is received.
2. Payment is accepted in cash or money transfer payable to: **UROLOGY WORKSHOP AND DEPARTMENT OF UROLOGY SA1380000114608010144858 (Alrajhi Bank)** or
3. **Register Personally** to the Urology Department located at the MSS Building, Level 4.
4. **Cancellation/Refund Policy:** Request for refund must be received one (1) month prior to the symposium. Administrative fee of **SR50** will be deducted from all refunds.

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