REGISTRATION FORM

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

Please print **<u>CLEARLY</u>** in **<u>BLOCK CAPITALS</u>** and return this form with payment.

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:	Telephone:
Mailing Address :	City/Postal Code:
EMAIL ADDRESS:	Mobile:
PRE-REGISTRATION (Up to 1 day prior to symposium date) ENTIRE SYMPOSIUM - 2 DAYS SR 400 - Consultants/Dietitians SR 300 - Residents / Fellows SR 200 - Non-Physicians SR 100 - Students	
LATE/ON-SITE REGISTRATION (On-site)	

ENTIRE SYMPOSIUM – 2 DAYS

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

IMPORTANT INFORMATION:

1. Registration is <u>not confirmed</u> 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.

Send payment and Registration Form to: Department of Urology

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