

مستشفى الملك فيصل التخصصي ومركز الأبحاث King Faisal Specialist Hospital & Research Centre Gen. Org. مؤسسة عامة

REGISTRATION FORM

6th International Difficult Airway Management Workshop 05-06 March 2016 / 25 – 26 Jumada Al Awwal 1437 Post Graduate Centre, KFSH&RC, Riyadh, Saudi Arabia

Please type or print <u>CLEARLY</u> and return this form with payment.

Fir	st ar	nd M	liddl	e Na	mes	s: (a s	s yo	u wi	sh i	t to	be p	print	ed c	on th	e ce	ertifi	cate	e)				

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

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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 THE CERTIFICATE.

TITLE: Dr. Prof. Mr. Mrs. Miss Ot	hers GENDER: Male Female
Profession:	SCFHS Professional Registration No.:
Institution/Hospital:	Telephone/Fax:
Mailing Address/ MBC:	City/Postal Code:
Email Address :	Mobile:

**For applicants / delegates from outside the Kingdom of Saudi Arabia, please complete the Visa Bio Data Information Sheet. Visas will <u>not</u> be processed until we receive full payment of the registration fee & completed form.

EARLY REGISTRATION (On/Before 11 Feb 2016)	EARLY REGISTRATION (On/Before 11 Feb 2016) EACH DAY
SR 350 Consultants	SR 175 Consultants
SR 250 Assistants/Fellows/Residents	SR 125 Assistants/Fellows/Residents
SR 200 Non-Physicians/Students	SR 100 Non-Physicians/Students
LATE REGISTRATION (After 11 Feb 2016) 2 DAYS	LATE REGISTRATION (After 11 Feb 2016) EACH DAY
SR 400 Consultants	SR 200 Consultants
SR 300 Assistants/Fellows/Residents	SR 150 Assistant/Fellows/Residents
SR 250 Non-Physicians/Students	□ SR 125 Non-Physicians/Students
WORKSHO	P FEE - TBA
IMPORTANT INFORMATION:	
1) Registration is not confirmed until payment is received.	Send Payment and Registration form to:
2) For delegates from KSA: Payment is accepted in cash and	Department of Anesthesiology – MBC 22
cheque only. Please make Cheque payable to:	King Faisal Specialist Hospital & Research Centre
Department of Anesthesiology. KFSH&RC	PO Box 3354, Riyadh 11211
3) For delegates from outside KSA: Please make BANK DRAF	
payable to: <u>Department of Anesthesiology</u> . KFSH&RC	Tel. No.: +966-11-464 7272 Ext. 32700 / 32688
3) Cancellation/Refund Policy: Request for refund must	Fax No.: +966-11-442 3909
be received one month prior to workshop. Administrative	Email: <u>msyedshahid@kfshrc.edu.sa</u>
fee of SR 50 will be deducted from refunds.	<u>rramos@kfshrc.edu.sa</u>
	Website : www.kfshrc.edu.sa/symposia