

REGISTRATION FORM

Medicine 2010

(Raising the Quality of Education & Care)

March 15-18, 2010 (09-10 Rabi Al Awal 1431H)

Please print clearly. Your Name will appear on your "**Certificate**" exactly as you spelled on this form.

FIRST NAME :

MIDDLE NAME :

LAST NAME :

TITLE : Prof. () Dr. () Mr. () Miss () Mrs. ()

Name Of Hospital :

Profession :

Telephone :

Mobile :

Email Address :

Workshops will be on March 18, 2010

Limited Seats Only

1) Opportunities for Training in USA

2) Health Information System for Better Quality Care

Registration Fees: **Consultants:** **SR 300**
Residents. Interns, Nurses, Pharmacists:..... **SR 200**
Medical Students: **SR 100**
Onsite Registration additional ----- SR 100

Policy:

1. Registration FEE's are non transferable and non refundable.
2. For bank deposit, Original Slip must be submitted to CME Office.
3. Attendance (signature) is a MUST.
4. In case of NO Attendance, NO Evaluation or NO Receipt, NO Certificates will be given.
5. All CERTIFICATES will be distributed at the end of the program on the last day of the activity.
6. No certificate will be given after the end of the last day of the event.
7. Unclaimed certificates **MAY BE** claimed from the designated organizing department a day after the event date.



Mode of Payment:

Cash : CPE Office, ATA, 2nd Floor, Academic Bldg., King Fahad Medical City
Bank or ATM : King Fahad Medical City, Account No. SA962000002480333359940 (Riyadh Bank)

I hereby understand the above mentioned policies.

Signed Over Printed Name

For more information's, please contact: CPE Department @ Tel. No. : 01-288-9999 Ext. 4454/7497/4114

Fax No.: 01-288-9000 Ext. 4114

Email: cme@kfmc.med.sa

Website: www.kfmc.med.sa