CYSTIC FIBROSIS WORLDWIDE
05-07 December 2011/
REGISTRATION FORM
Please fill-in all information as required by the Saudi Commission for Health Specialties

Registration No. ☐☐☐☐

PERSONAL INFORMATION (Please fill the form in BLOCK LETTERS)

First Name
Middle Name
Family Name

Gender ☐ **Male** ☐ **Female** SCFHS # **……**

JOB INFORMATION

Position **……** Specialty ……..
Institution …… Department ……..

CONTACT INFORMATION

P.O. Box …… City…… Postal Code……..Country ……
Tel.No.: ……Ext…… Fax No.: …….. Ext. ……
Mobile: ……..Email: ……

REGISTRATION FEE ☐ Paid ☐ On-Site AMOUNT PAID SR

Early (until 15 November 2011)		**Late / Onsite**	
Physicians	☐ SR200 /$54 (US)	Physicians	☐ SR300/$67 (US)
Physicians in-training	☐ SR150/$40 (US)	Physicians in-training	☐ SR200/$54 (US)
Allied Health/others	☐ SR100/$27 (US)	Allied Health/others	☐ SR150/$40 (US)
Nurses	☐ SR50/$15(US)	Nurses	☐ SR75/$20 (US)

WORKSHOP FEE

Early (until 15 November 2011)		**Late/ On-site**	
Workshop #1 (CF Nursing)	☐ SR50/$13 (US)	Workshop #1	☐ SR75/$20 (US)
Workshop #2 (CFTR Tech)	☐ SR50/$13(US)	Workshop #2	☐ SR75/$20 (US)
Workshop #3 (CF Physio)	☐ SRr50/$13 (US)	Workshop #3	☐ SR75/$20 (US)
Workshop#4 (CF Nutrition)	☐ SR50/$13 (US)	Workshop#4	☐ SR75/$20(US)
Gala Dinner	☐ SR50/$13 (US)	Gala Dinner	☐ SR75/$13 (US)

AACME CERTIFICATE ☐ Yes ☐ No **If YES, additional charge of Sr35.00 for the certificate**

FOR INFORMATION AND REGISTRATION

Department of Pediatrics (MBC58), King Faisal Specialist Hospital & Research Centre, P.O. 3354, Riyadh 11211, Kingdom of Saudi Arabia
Tel.No.: 01-4647272 exts. 31960/27763; Fax No.: 01-442-7784
Email: mreyes@kfshrc.edu.sa / mdatu@kfshrc.edu.sa
Regular office Hours: 7:30am-5:00pm (Saturday to Tuesday) 7:30am-4:00pm (Wednesday)

Methods of Payment:

For cheque payments must be payable to" King Faisal Specialist Hospital and Research Center- Riyadh" and send thru ***registered*** mail:
Address: Dr Hanaa Banjar, MBC-58, Department of Pediatrics, P. O. Box: 3354, Riyadh 11211
For bank deposits thru Wire Transfer: Al Rajhi Bank **IBAN No: SA13-80000114 6080 1012 3712**
SWIFT Bank Code-RAJHISARI
Account Name: Pediatric Cystic Fibrosis ,
Account No.:. " 83737"
Kindly scan the deposit slip or wire transfer copy and email to mreyes@kfshrc.edu.sa / mdatu@kfshrc.edu.sa