MINISTRY OF NATIONAL GUARD HEALTH AFFAIRS

Specialized Nursing workshops

“Towards Excellence in Nursing Practice for Better Health Care

**Registration Form**

**Date: 07-08 March 2018**

***Please fill the form clearly & completely and then RETURN it to the Email mentioned below.***

***Name Submitted in this form is considered CORRECT and READY for FINAL PRINTING of CERTIFICATE.***

|  |
| --- |
| **Part I: General Information** |
| Title: ⃝ Dr. ⃝ MR. ⃝ MRS. ⃝ MissGender: ⃝ Male ⃝ FemaleFirst Name: Middle Name:Last/Family Name: Saudi commission for health Specialist License No. (SCFHS): Email Address: Mobile No: Profession: Institution:Country: City: Type of Attendance: Poster Presenter  Participant  |
| **Part II: Event Registration Fees** |
| **Early Registration ( before 15 February 2018)  SAR 100** **Late and onsite Registration (after 15 February 2018)  200 SAR for Professional Nurses** **100 SAR for Nursing Students** |
| **Part III. Workshop Registration Fees** |
| **Please select the workshop/s that you are planning to attend from the list of workshops below****Only one workshop from each list.** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Day One** | **PM workshop****13:00 – 17:00** | **Professional Nurses** | **Students** |
| **07 March****2018** | Physical assessment: along life span.  CRRT with Citrate. Implanted Cardiac Devices  | SAR 100. SAR 100SAR 100  | SAR 50. SAR 50SAR 50  |
| **Day Two** | **AM workshop****08:00 – 12:00** | **Professional Nurses** | **Students** |
| **08 March** **2018** | BMT & Stem cell.  Pain Management.. Cool cap & CF Monitoring  | SAR 100. SAR 100SAR 100  | SAR 50. SAR 50SAR 50  |
| **PM workshop****13:00 – 17:00** | **Professional Nurses** | **Students** |
| ECMO Care. Triage  Professional Development Plan   | SAR 100. SAR 100SAR 100  | SAR 50. SAR 50SAR 50  |

**Total in SAR: **

|  |  |
| --- | --- |
| PAYMENT PROCESSES : **IN CASH:** Go directly and pay toMs. Almera RamosAccountant 2nd Floor Deanship buildingKSAUHS-J-Contact: 84-45043**Note:** **Confirmation email will not send for cash payments candidates, only the receipt.** | PAYMENT PROCESSES : **ON LINE:** Please email your filled out registration form and the Bank receipt to the contact below(\*) please wait for theconfirmation of your registration. After the payment verification, the confirmation together with the registration number will be send to your registration email.  |

 **FOR EASY REGESTRATION, CONFIRMED REGISTERED CANDIDATES WILL RECEIVE A SPECIFIC REGISTRATION NUMBER TO BE USED FOR CANDIDATE' IDENTIFICATION ON THE EVENT SITE. THE REGESTRATION NUMBER CONSISTS OF THREE DIGIT.**

IBAN: SA 83 3040 0108 0026 3156 0015

Name of Bank: Arab National Bank

Bank account number: 0108 0026 3156 0015

For further information please contact:

Nursing Education Dept, KAMC-Jeddah

Tel: +966 (02) 2266666 ext. 21423/24648

E-mail: Nursing-Conf@ngha.med.sa

**Course Registration Policies**

1. Registration will only be confirmed upon receipt of payment.
2. Cancellation requires a minimum of 3 weeks’ notice. Cancellation made less than 3 weeks is not permitted and course fees will be forfeited / will not be refunded.
3. Failure to attend the Scientific sessions or the workshops will be considered “no show” and therefore the fees will not be refund and means “no” issuance of the certificate/s.
4. Please be advised for ‘On-Line” method of payments to directly deposit your payments preferably to Arab National Bank and send your payment receipt together with your filled out registration form to the email below \*.

  I have read and agreed to the terms and conditions. Signature & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_