



## National & Gulf Center for Evidence Based Health Practice

**Address:** Deanship of Higher Studies, King Saud bin Abdulaziz University for Health Sciences, Riyadh, Kingdom of Saudi Arabia

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### REGISTRATION FORM

Please fill up the form clearly, legibly and completely.  
Your NAME will appear on your 'Course Certificate' exactly as written on this form.

RECEIPT NO.

**COURSE NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**First Name** : (Dr./Mr/Ms/Mrs) \_\_\_\_\_

**Middle Name** : \_\_\_\_\_

**Last Name** : \_\_\_\_\_ **SCFH Professional no.** \_\_\_\_\_

**Professional Title** : \_\_\_\_\_ **Badge no.:** \_\_\_\_\_

**Specialty** : \_\_\_\_\_ **Nationality** : \_\_\_\_\_

**Complete Mailing Address** : (Your complete mailing address is necessary to us for future collaboration)

**Hospital** : \_\_\_\_\_

**Department** : \_\_\_\_\_ **Mail Code** : \_\_\_\_\_

**P.O. Box** : \_\_\_\_\_ **City** : \_\_\_\_\_

**Postal Code** : \_\_\_\_\_ **Country** : \_\_\_\_\_

**Contact Numbers** (Please include telephone area codes if applicable)

**Telephone** : \_\_\_\_\_ **Pager** : \_\_\_\_\_

**Mobile Phone** : \_\_\_\_\_ **Fax Number** : \_\_\_\_\_

**Email Address** : \_\_\_\_\_

#### Important Notice on Method of Payment

Arab National Bank

Account number: 01-08-00520891-0460 KSAU-HS Riyadh Departmental Activity Account

IBAN - SA9230400108005208910460

**NOTE: Fax a copy of your transaction / receipt to +966-11- 4291193**

#### CANCELLATION POLICY

1. If cancelled **four(4) weeks prior** to course schedule, no admin. charge imposed.
2. If cancelled **within the four (4) week period but within two (2) weeks prior** to course schedule, admin. charge of 20% of course fees.
3. If cancelled **within 1 week prior** to course schedule, admin. charge of 100% of course fees.

#### TRANSFER POLICY

1. If transferred **one (1) week prior** to course schedule & course transferred to has the same amount of fees, no admin. charge imposed.
2. If transferred **one (1) week prior** to course schedule & course transferred to has higher amount of course fees, no admin. charge and excess or difference of course fees should be paid.
3. No Transfer allowed **within one (1) week** from the course schedule unless approved by NGCEBM Director, Co-/Course Director.

**I have read the terms and conditions regarding the cancellation, transfer and refund policy stated in this form**

SIGNATURE