



# Activity Registration Form

Date:

## PERSONAL INFORMATION:

Gender: ☐ Male ☐ Female

Please print clearly. Your name will appear on your "Activity Certificate" exactly as spelled on this form.

First Name:

Middle Name:

Last Name:

Professional Title:  Ministry of NG-HA Badge No.:  SCFHS ID No.:

Hospital / Institution:  Nationality:

Department:  Mail Code:  P.O. Box No.:

City:  Postal Code:  Country:

## CONTACT DETAILS:

(Include telephone area codes if applicable)

Telephone No.:  Pager No.:  Fax No.:

Mobile No.:  E-mail Address:

## ACTIVITY REQUESTED:

Activity Title:

Activity Date:  Activity Code:

## MODE OF PAYMENT:

☐ Cash

Amount in SAR:

OR No.:

Date:

☐ Bank

Amount in SAR:

OR No.:

Date:

### PTC Bank Account Details:

Bank Name: **ARAB NATIONAL BANK**  
Account Name: **KSAU-HS, POSTGRADUATE  
TRAINING CENTER**  
Account No.: **01 0800 5208 9100 60**  
IBAN No.: **SA2930 4001 0800 5208 9100 60**

### Notes:

- \* WRITE the correct PTC Bank Account information to ensure payment is forwarded to the PTC Account.
- \* FAX or E-MAIL a copy of the validated deposit slip with your registration form to PTC.
- \* CALL or E-MAIL the PTC Registration Office to confirm acceptance of your registration and payment.

### For all LIFE SUPPORT COURSES:

[Please mark (✓) where applicable]

☐ Provider

☐ Recertification

☐ Valid ☐ Expired

Recommended renewal date:

### Notes:

- \* Applicable fee depends on the validity of current certification
- \* Please present a copy of course ID card or certificate for verification.

### Remarks:

"TRANSFER OF ACTIVITY FEE TO OTHER ACTIVITY IS NOT ALLOWED. ORIGINAL RECEIPT MUST BE ATTACHED IN CASE OF REFUND."