



**MINISTRY OF NATIONAL GUARD HEALTH AFFAIRS
KING SAUD BIN ABDULAZIZ UNIVERSITY FOR HEALTH SCIENCES – JEDDAH
DEANSHIP OF POSTGRADUATE EDUCATION**



REGISTRATION FORM

22nd PERINEAL TRAUMA & EPISIOTOMY COURSE & WORKSHOP

25th MARCH 2017

*Please fill the form clearly & completely and RETURN this form through Emails mentioned below.
Name Submitted in this form is Considered CORRECT and READY for FINAL PRINTING of CERTIFICATE.*

Gender: [] Male [] Female

Name

First:

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Middle:

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Last (Family):

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Saudi Council #:

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Hospital/Institution:			
Department:			
Specialty:		Position:	
Mobile #:		Telephone #:	
Email Address:			

PAYMENT PROCESSES :
IN CASH:

Go directly and pay to
Ms. Almera Ramos
Accountant
2nd Floor Deanship building
KSAUHS-J-
Contact: 84-45043

Note: there is no confirmation done
in cash payments.

PAYMENT PROCESSES :
ON LINE:

PLEASE EMAIL YOUR FILLED OUT
REGISTRATION FORM TO THE CONTACT
BELOW (*) AND WAIT FOR THE IBAN
NUMBERS TO BE SENT TO YOUR
REGISTERED EMAIL. PLEASE WAIT
FOR THE CONFIRMATION OF YOUR
REGISTRATION AFTER THE
PAYMENT VERIFICATIONS. THE
CONFIRMATION WILL BE
SENT TO YOUR REGISTERED EMAILS.

REGISTRATION FEES

SR 2000

Course Registration Policies

- Registration will only be confirmed upon receipt of payment.
- Postponement or re-booking made due to emergency medical circumstances will be subjected to Course Convener's approval. Fifty (50%) percent of the course fee will be paid when approved.
- Postponement due to negligence or related work responsibilities will not be considered and therefore no refund will be granted to the requesting candidate.
- 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.
- Failure to attend the entire course duration is considered cancelled or "no show" and therefore course fees will not be considered for refund.
- No complete of attendance for the whole duration of the course, means "no" issuance of the certificate/s.
- The registration is with limited seats; first come first serve basis will be the guideline
- 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:

FOR COURSE INFORMATION / BOOKING FORM:

* **Mr. Abdulrahman Al Qahtani**
PTC Admin Assistant
Direct Line # **012-224-5011**
Email: alqahtania19@ngha.med.sa