National & Gulf Center for Evidence Based Health Practice

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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: 01-08-00520891-0187 ESC Departmental Activity Account Riyadh
IBAN - SA9230400108005208910187
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