



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: 01-08-00520891-0460 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