

**MINISTRY OF NATIONAL GUARD - HEALTH AFFAIRS**

**PRINCE MOHAMMED BIN ABDULAZIZ HOSPITAL**

**ALMADINAH AL MUNAWARAH**

**Medical Education Department**

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| **PLEASE FILL OUT THE FORM COMPLETELY AND LEGIBLY** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Course Name** | : | **Drug and Food Allergy Symposium W** | | | | | | | | | | | | | | | | | | | | | | | |
| **Course Date:** |  |  | | | | | | | **02 March** 2015 | | | | **Course Fees** | | | | Free | | | | |  | |  | |
| **BADGE NO.** | : |  | | | | | | |  |  **NON-NATIONAL GUARD** | | | | | | **TITLE:** | | |  **DR**  **MR** | | |  **MS** | | **MRS** | |
|  |  |  | | | | | | | **WRITE YOUR NAME AS YOU WOULD LIKE IT TO APPEAR ON THE CERTIFICATE** | | | | | | | | | | | | |  | |  | |
| **FIRST NAME \*** | : |  | |  | |  |  |  | | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| **MIDDLE NAME** | : |  | |  | |  |  |  | | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| **LAST NAME \*** | : |  | |  | |  |  |  | | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| **HOSPITAL** | : |  |  **PMBAH**  **OTHER (SPECIFY\*):** | | | |  | | | | | | | | | |  |  |  | | |  | |  | |
| **DEPARTMENT** | : |  |  | | | |  | | | | | | | **JOB TITLE \*** | | |  | **:** |  | | |  | |  | |
| **SAUDI COUNCIL NO \*** | | |  | | : |  |  | | | | | | | **MOBILE NO.** | | |  | **:** |  | | |  | |  | |
| **EMAIL \*** | | |  | | : |  |  | | | | | | | | | |  |  |  | | |  | |  | |

**Registration Policy:**

* Limited seats are available for candidates.
* Registration is on 1st come 1st serve basis.
* Registration will be open until the target number of candidates is reached.
* No registration will be accepted after first lecture started.
* Filled application form should be sent to [mededu-pmbah@ngha.med.sa](mailto:mededu-pmbah@ngha.med.sa).

**Course Coordinator**

**Mr. Amer Tajaldeen**

**E-mail.tajaddinem@NGHA.MED.SA**

**Tel: +966 4 866 9999**

**Ext: 68074**