

**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.

**Course Coordinator**

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