

**REGISTRATION FORM**

Receipt No.: 2019-001-\_\_

**COMPLETE NAME (To be printed on the Certificate)**

**TITLE:** [ ] Dr. [ ] Prof. [ ] Mr. [ ] Mrs. [ ] Miss [ ] Others **GENDER:** [ ] Male [ ] Female

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| --- |
| **REQUIRED: Saudi Commission for Health Specialties License No. (1.e. 06-R-N-12345):** |
| Institution/Hospital: |
| Profession: | Telephone |
| Email Address: | Fax: |
| City/Postal Code | Mobile |
| Mailing Address/MBC: |

**Contact Information:**

Carla Alvarez Mercado

Congress Secretary

Phone: + 966-11-4647272 ext. 82123

E-mail: carlamercado@kfshrc.edu.sa

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**PAYMENT RECEIPT**

Receipt No.: 2019-001-\_\_

**Registration fee:** (*Cash Only; Onsite payment*)

Surgeons, Physicians, GP and Allied Health - **400 SR**

Students, Residents, Fellows – **Free\*** (\*Registration deadline 24 March 2019)

Received from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SR

Payment for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_