



PRINCE SULTAN MILITARY MEDICAL CITY
Academic Affairs
Continuous Education Department

Title: The First Saudi Endourology Forum
Date: 20-21 April 2019
Venue: Marriott Hotel

Registration Form

PARTICIPANT DETAILS – Please complete all fields in CAPITAL letters: Your name will appear on your "Certificate" exactly as you have written on this form.

Title :	() Prof. () Dr. () Mr. () Mrs. () Ms.
First Name:	
Middle Name:	
Family Name:	
Nationality:	
Position :	(as stated in SCHF ID if available)
Hospital/Specialty:	
Email:	
Tel/Mobile:	
Saudi Council NO: (required)	

Target Audience

According to the event

CME Hours

Early registration until 28 March 2019				Late Registration after 28 March 2019			
PSMMC Consultant & SUA members	Consultant	Registrar & Residents	Other Healthcare Provider	PSMMC Consultant & SUA members	Consultant	Registrar & Residents	Other Healthcare Provider
800 SR()	1000 SR()	800 SR()	500 SR()	1100 SR()	1300 SR()	1100 SR()	700 SR()
Students (Limited Seats) 200 SR ()							

VERY IMPORTANT NOTICE:

- ✓ **Please collect your certificate on the last day of the event. CED department will not be responsible to reissue lost or non-collected certificates.**
- ✓ **Kindly ensure that your CME hours has been added in your (MUMARIS) system before the deadline (2 weeks after the event); to avoid invalidation of your registration. Please visit the CED Office immediately, if your CME hours is not added within the given time frame.**

Signature: _____

- For Registration Contact: E-mail: wzahrani@psmmc.med.sa/ cme@psmmc.med.sa



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Methods of Payment

1. Bank Deposit

Account Name: Prince Sultan Medical Military City, Revenue Account
Bank Name: National Commercial Bank (NCB)
IBAN No: SA3610000021262184000109

2. Cash Payment

Continuous Education Department, Building-115, Ground Floor, Room 06.

*** Registration Fee is non-refundable and non-transferable**

Bank Deposit (التحويل البنكي)

Name of the Account Holder	اسم صاحب الحساب	
Bank name	اسم البنك	
IBAN Number	رقم الأيبان	
Date of the transfer/deposit	تاريخ الايداع /التحويل	
Amount of the transfer /deposit	مبلغ الايداع / التحويل	
Transaction Number	الرقم المرجعي / رقم العملية	

Copy of the Transfer (صورة الايداع/ التحويل):

*** Note: please bring the original receipt the day of the activity**