SYMPOSIUM OF NATIONAL TRANSFORMATION PROGRAM IN HEALTH SERVICES - 2020

ندوة مبادرات التحول الوطني في الخدمات الصحية ٢٠٢٠

REGISTRATION FEE:	Symposium ☐	9CME	SR 200
Work Shop *(ON SITE REGISTRATION ONLY)*		8CME	SR 150 PAY ONSITE

First and Middle Names

Last/ Family Name

Gender **Male:** ○ **Female:** ●

MANDATORY

Saudi Commission for Health Specialties Registration Number

- - -

Iqama/Saudi ID #

YOU MUST SUBMIT SAUDI COMMISSION FOR HEALTH SPECIALTIES REGISTRATION NUMBER WITH CONFERENCE REGISTRATION TO BE ABLE TO AVAIL CONFERENCE CERTFICATE.

Please Re-Confirm your Registration Before your arrival to KKMC by Calling
0559521070 / 0541484895

Submit your Registration with copy of Saudi ID/Iqama and Payment Receipt to

eMail: conferencekkmch@live.com Fax: +966 13 7871382

Institution:

Occupation/Profession:

Address:

Mobile Number: **eMail:**

Methods of Payment:

Bank Deposit per payment:

Bank Name: **NCB (AlAhli)** Acc Name: **NAAF Hospital**

IBAN :**SA89 1000 00 066 548 040 001 01**

ONLINE REGISTRATION : WWW.KKMCH.MED.SA

COORDINATOR, ORGANISING COMMITTEE
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TEL : 013 7871777 ext 2818/2221 FAX: 013 7871382