



March 31th - April 3rd, 2019

First and Middle Names	TRATION FEE: 1000 SR
Last/ Family Name	
Gender Male: Female:	
Saudi Commission for Health Specialties Registration Numb Iqama/Saudi ID #	YOU MUST SUBMIT SAUDI COMMISSION FOR HEALTHSPECIALTIES 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 / 0556411032 Submit your Registration with copy of Saudi ID/Igama and Payment Receipt to eMail: conferencekkmch@live.com Fax: +966 13 7871382	
Institution:	
Occupation/Profession:	
Address:	
Mobile Number: eMail:	

COORDINATOR, ORGANISING COMMITTEE

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

Payment:

Northern Area Armed Forces Hospital, PO Box 10018, Hafer Al Batin 31991.

TEL: 013 7871777 ext 2818/2221 FAX: 013 7871382