

Clinical Data Documentation to enhance patient quality of care

14-15 Dec 2016

College of Medicine- King Saud University- Riyadh

Registration Form

Please fill out CLEARLY as you want it to appear on your certificate of attendance

1. Full Name: (AS YOU WANT IT TO APPEAR ON YOUR CERTIFICATE)

2. Saudi council ID number (If applicable):

3. Occupation (Specialization):

4. Organization:

5. Address (Country & City):

6. Mobile Number:

7. Telephone Number (office):

8. Email:

Note: Registration will be confirmed upon receipt of the completed registration form and payment. Application forms without full payment would not guarantee a place in the course

Fees:

- ✓ SR 800 for professionals and residents
- ✓ SR 550 for interns and post graduate students

Important Information: (Please read it carefully)

1. Registration is not confirmed until payment is received.
2. Send payment and registration form or copy of your deposit slip to: Course Coordinator: healthinformatics@ksu.edu.sa or Fax:+966114690798
Cancellation/Refund Policy: Request for refund must be received maximum one week prior to the course. Administrative fee of SR 200 will be deducted from all refunds after 1st December 2016. Please note that there is NO refund after this date.
3. Please attach a copy of your payment receipt.