**TAIF 6TH ANNUAL DIABETES CONFERENCE**

## Intercontinental Hotel – Taif

# MARS 20-22, 2012 / 27-29 RABI (II) 1433

# Registration Formنموذج تسجيل

**الرجاء تعبئة النموذج بالحروف الكبيرة , كما ترغب أن تظهر على الشهادة**

**Kindly fill the form in block letters, as you want to be written in your certificate.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Pls. Indicate The Appropriate Title****الرجاء اختيار اللقب المناسب**  | **Dr.** | **Mr.** | **Ms.** |
| **الاسم الأول****First Name**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **الاسم الأوسط****Middle Name**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **اسم العائلة****Family Name**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **المستشفى / المرجع****Institution/Hospital**  |  |

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| **المسمى الوظيفي****Position**  |  | **التخصص****Specialty**  |  |

 **معلومات الاتصالContacts:**

|  |  |  |  |
| --- | --- | --- | --- |
| **الجوال** **Mobile**  |   | **البريد الالكتروني** **Email Address**  |  |

 **معلومات تسجيل الهيئة السعودية (**هام جدا **)**

**Saudi Council Information (** very important **)**

|  |  |  |  |
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| **رقم الهيئة السعودية****Saudi Council ID** |   | **تاريخ الانتهاء** **Expiry Date** |   |

**رسوم التسجيل REGISTRATION FEES**

 مدفوعPaid الأطباءDoctors 250 SR

 مدفوع Paid الفنيين Technicians 150 SR

 مدفوعPaid التمريضNurses 150 SR

  *رقم الإيصالOfficial Receipt No.:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  *المستلمReceived by:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*For more information*, please contact Training and Education Department

لمزيد من المعلومات الرجاء الاتصال على إدارة التدريب والتعليم

 رقم تلفونTel No: 731-0800 تحويلة Ext. 5027 - 5030 - 0557533371 فاكسFax No: 731-0801

 **kingabdulaziz.training@gmail.com**