**المديرية العامة للشئون الصحية بمنطقة الرياض**

**إدارة المختبرات وبنوك الدم**

**Cardiac Biomarkers in ACS and Heart Failure: State of the Art**

RABI'I 3rd, 1434H (January 15th, 2013G)- Holiday Inn Al-Qasr

**Registration Form:**

*Complete and Return with Payment (see below)*

**Full Name:** In CAPITAL letters

**First Name**

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**Middle Name**

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**Last/ Family Name**

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**Gender:** ( ) Male ( ) Female

**Title:** ( )Dr. ( )Prof. ( )Mr. ( )Mrs. ( )Miss ( )Other:

|  |  |
| --- | --- |
| **Profession** |  |
| **Institution** |  |
| **Tel.** |  |
| **Fax.** |  |
| **Mobile** |  |
| **E-Mail** |  |
| **Mailing Address** |  |
| **SCFHS Reg. No.** |  |

**Registration Fees:** Physicians: 250 SR - Non-Physicians: 150 SR

**Payment:** 1.Cash: Laboratories' & Blood Banks' Admin.: 3rd floor Riyadh General Directorate of Health Affairs. (Mr. Fawaz Al-Jahani)

2. Banking: National Commercial Bank البنك الأهلي التجاري Account: SA9610000039451972000109

3. Official Commission: from Deputy General Director for Clinical Services- Riyadh General Directorate of Health Affairs.

**Important Information:**

* Registration is not confirmed until payment is justified
* Attendance Signature may be requested on regular basis
* Only attending delegate may pick up certificate

**For More Information and Registration, Contact us at:**

Tel./ 014919196 ext 5003- Fax./ 01-4919643- Mobile/ 0540306457-

E-Mail: labsandblbanksa@yahoo.com