

المديرية العامة للشئون الصحية بمنطقة الرياض إدارة المختبرات وبنوك الدم *بالتعاون مع* الوكالة المساعدة للمختبرات وبنوك الدم الإدارة العامة للمختبرات وبنوك الدم



1st Hereditary Blood Diseases Conference- Riyadh Health Affairs

(A Look for a Better Future) 7-8/3/1430H (4-5/3/2009) Al-Magsourah Hall for Banqueting & Conferences- Rivadh

REGISTRATION FORM

(Fill & Return with Payment)																			
Ple	ase	com	plete	e in (CAF	PITA	L le	etters	<u>S</u>										
First and Middle Names -spaced- (as you want to be printed on the certificate)																			
Last/ Family Name (as you want to be printed on the certificate)																			
Ge	Gender: () Male () Female																		
Title: ()Dr. ()Prof. ()Mr. ()Mrs. ()Miss ()Other:																			
Profession:																			
Institution:																			
Telephone:						Mailing Address:													
Fax.:																			
Mobile:																			
E-Mail Address:																			

PAYMENT: 1. CASH:** Laboratories' & Blood Banks' Administration: 2nd Fl. Riyadh General Directorate of Health Affairs; Olaya St. (Mr. Mazen Almajed)

2. Banking: National Commercial Bank (البنك الأهلي التجاري) Account: 0022355396000205

			Early (By	^r Feb, 25 th)	Late					
			Physicians	Non- Physicians	Physicians	Non- Physicians				
()Conference		200 SR	100 SR	250 SR	125 SR				
()Conference +	()Coag. Workshop /OR()Hb-pathy Workshop	350 SR	250 SR	400 SR	275 SR				
()Coagulation Workshop	200 SR								
(Wor)Hemoglobinopathy rkshop	200 SR								

**Check between brackets for the activity you'd like to register.

For Conference Applicants, registration for ONLY ONE workshop is allowed.

Important Information:

- Registration is not confirmed until payment is received.
- Attendance signatures may be requested on regular basis (As recommended by SCFHS).
- Only attending delegate may pick up certificate.