**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** |  |  |  |  |  | |  |  |  |  | |  |  |  |  |  |

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

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

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

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

**معلومات الاتصالContacts:**

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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**](mailto:kingabdulaziz.training@gmail.com)