

NATIONAL & GULF CENTER FOR EVIDENCE BASED HEALTH PRACTICE



KING ABDULAZIZ MEDICAL CITY
NATIONAL GUARD HEALTH AFFAIRS

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e-mail: ebm@ksau-hs.edu.sa
web site: www.ngcebm.org

Receipt #

REGISTRATION FORM

Please fill up the form clearly and legibly.
Your NAME will appear on your 'Course Certificate' exactly as written on this form.

COURSE NAME _____ DATE: _____

First Name : (Dr./Mr/Ms/Mrs) _____

Middle Name : _____

Last Name : _____

Professional Title : _____ Badge no.: _____

Specialty : _____ Nationality : _____

Complete Mailing Address : (Your complete mailing address is necessary to us for future collaboration)

Hospital : _____

Department : _____ Mail Code : _____

P.O. Box : _____ City : _____

Postal Code : _____ Country : _____

Contact Numbers (Please include telephone area codes if applicable)

Telephone : _____ Pager : _____

Mobile Phone : _____ Fax Number : _____

Email Address : _____

YOU HAVE TO FILL-UP THIS FORM COMPLETELY

Important Notice on Method of Payment

Arab National Bank

Account number: 01-08-00520891-0187 ESC Departmental Activity Account Riyadh

IBAN - SA9230400108005208910187

NOTE: Send us a copy of your transaction/receipt to FAX # 9661- 2520088 ext.47168

CANCELLATION POLICY:

- 1) If cancelled **four(4) weeks prior** to course schedule, no admin. charge imposed.
- 2) If cancelled **within the four (4) week period but within two (2) weeks prior** to course schedule, admin. charge of 20% of course fees.
- 3) If cancelled **within 1 week prior** to course schedule, admin. charge of 100% of course fees.

For details and queries, please ask/contact the Coordinator / Accountant. -Tel. Nos. 966 1 252-0088 Ext. 47161 / 47166 / 47174 or visit our website.

TRANSFER POLICY:

- 1) If transferred **one (1) week prior** to course schedule & course transferred to has the same amount of fees, no admin. charge imposed.
- 2) If transferred **one (1) week prior** to course schedule & course transferred to has higher amount of course fees, no admin. charge and excess or difference of course fees should be paid.
- 3) No Transfer allowed **within one (1) week** from the course schedule unless approved by NGCEBM Director, Co-/Course Director.

I have read the terms and conditions regarding the cancellation, transfer and refund policy stated in the form.

Signature