

NATIONAL & GULF CENTER FOR EVIDENCE BASED HEALTH PRACTICE



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NATIONAL GUARD HEALTH AFFAIRS  
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RECEIPT #

**5<sup>th</sup> NATIONAL & GULF  
EVIDENCE BASED HEALTH PRACTICE  
CONFERENCE**

**REGISTRATION FORM**

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

I WOULD LIKE TO REGISTER IN THE FOLLOWING:

<input type="checkbox"/> 27 March 2010 – Implementation of EBM (Conference) SR 150	<input type="checkbox"/> 29-30 March 2010 – GRADE Comprehensive SR 500
<input type="checkbox"/> 28 March 2010 – Implementation of EBM (Workshops) SR 100 – 1 workshop SR250 – 3 workshops	<input type="checkbox"/> 29-31 March 2010 - Knowledge Translation SR 1000
<input type="checkbox"/> EBHP Curriculum Development	<input type="checkbox"/> 29-31 March 2010 – Training the Trainers SR 1700
<input type="checkbox"/> Student Assessment	
<input type="checkbox"/> EBHP Principles and Concepts	

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