



REGISTRATION FORM

Please complete the registration form and email it to Medical Education Department
Email: cme@drsulaimanhabib.com / Tel. no. 011-4622224 ext. 1900 / You can also register online at www.hmc.com.sa

PERSONAL INFORMATION *(Please fill the form in BLOCK LETTERS)*

Title	Prof.	Dr	Ph.	Mr.	Ms.	Other _____	Nationality	
First Name								
Middle Name								
Last Name								
Saudi Council Professional I.D. No.								(Mandatory)

JOB INFORMATION

Job Title / Position	
Specialty	
Hospital / Institution	

CONTACT INFORMATION

Mobile		E-Mail	
P.O. Box	City	Postal Code	Country
Tel.No.	Ext.	Fax No.	Ext.

<input type="checkbox"/> REGISTRATION FEE	Early Registration (15 days before event)	SAR _____
<input type="checkbox"/>	Standard and Onsite Registration	SAR _____

TERMS AND CONDITIONS

- * Registrations are confirmed only upon payment receipt
- * Registration fees apply as per the date of payment
- * If the payment is made 15 days before the event date, a proof of payment will be required
- * For pre-registration, should your payment not received 15 days prior to the event date, standard registration fee shall be applied
- * If you cannot attend the event, a substitute delegate can be assigned 10 days prior to the event, otherwise your registration will be cancelled

CANCELLATION AND REFUNDS

- * 100% refund - cancellation 15 days before the event date with a deduction of administrative fee of 25%
- * No refund - 100% cancellation fee will be charged for any cancellations within 15 days prior to the event

PAYMENT METHODS

Cash / Credit Card / Cheque	Proceed to the address provided below to make the payment If by cheque, should be made payable to the following: Dr. Sulaiman Al Habib Medical Services Group Holding Company	
Bank Transfer / Deposit	Bank: AL AWAL BANK Account Name: Dr. Sulaiman Al Habib Medical Services Group Holding Company Account No.: 0101 9469 1038 IBAN: SA 02 5000 0000 0101 9469 1038 Note: Send copy of registration form and bank receipt by fax or e-mail provided below	
Medical Education Office	Dr. Sulaiman Al Habib Medical Group - Olaya Medical Complex Medical Education Department, 9th Floor, HMC Bldg. No. 1, Gate No. 4 King Fahad Road, Olaya, P.O.Box 91877, Riyadh 11643, K.S.A. Tel. No.: 011-4622224 ext. 1900 / 4358 E-mail: cme@drsulaimanhabib.com	Fax No.: 011-4622224 ext. 1903 Time: 8:00 am to 6:00 pm (Sun. - Thurs.)