

REGISTRATION FORM

YEAR 2007 EPILEPSY UPDATE WOMEN AND NEWBORNS WITH EPILEPSY

	RIYADH	JEDDAH	JAZAN
DATE:	October 31, 2007 Shawal 19, 1428	November 14, 2007 4 Dhu Al-Qadah, 1428	November 21, 2007 11 Dhu Al-Qadah, 1428
VENUE:	King Faisal Specialist Hospital and Research Centre - Riyadh	King Faisal Specialist Hospital and Research Centre - Jeddah	King Fahad Central Hospital Jizan
	Prince Suleiman Auditorium	Main Hospital Auditorium	Recreation Centre Auditorium

CHOOSE WHERE YOU WILL ATTEND THIS CONFERENCE:

KFSHRC - RIYADH KFSHRC - JEDDAH KFCH - JAZAN

PRINT YOUR NAME CLEARLY EXACTLY AS YOU WANT IT TO APPEAR ON YOUR CERTIFICATE.
PLEASE USE CAPITAL LETTERS ONLY.

Prof. Dr. Mr. Mrs. Ms. Others

First Name: _____ Middle Name: _____

Institution: _____ Department: _____

Position: _____ Telephone No.: _____ Fax No.: _____

E-mail address: _____

P.O. Box: _____ Zip code: _____ City/ Country: _____

SUBMIT REGISTRATION FORM BY POST, FAX OR E-MAIL

POST: Epilepsy Support and Information Centre
 Department of Neurosciences MBC 76
 King Faisal Specialist Hospital & Research Centre
 P.O. Box 3354, Riyadh 11211, K.S.A

**NO REGISTRATION FEE
CME CREDIT HOURS**

FAX: (01) - 442-4755 ONLINE: www.epilepsyinarabic.com

FOR MORE INFORMATION CONTACT: Telephone: 01 464-7272 EXT 32833
E-mail: epilepsy@epilepsyinarabic.com
OR VISIT www.epilepsyinarabic.com

NOTICE TO ALL EMPLOYEES OF KFSHRC RIYADH AND KFSHRC JEDDAH. If you are an employee of KFSHRC you must request the approval signature of your direct supervisor to register for and attend the entire full day conference. This is required if you wish to receive Continuing Medical Education Credits for your attendance.

Dept. _____ Supervisors name: _____ Signature: _____