REGISTRATION FORM

YEAR 2010 EPILEPSY UPDATE

"THE POWER OF THE ANTI-EPILEPTICS"

	RIYADH	TABOUK
DATE	3 April, 2010 (18 Rabi'II,1430)	28 April, 2010 (14 Jumada I, 1430)
VENUE	King Faisal Specialist Hospital and Research Centre - Riyadh	King Khalid Hospital - Tabouk
	Postgraduate Centre Auditorium	Postgraduate Centre Auditorium

CHOOSE WHERE YOU WILL ATTEND THIS CONFERENCE:

KFSH&RC – RIYADH ☐ **KKH – TABOUK** ☐

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

Prof. ☐	Dr. ☐	Mr. ☐	Mrs. ☐	Ms. ☐	Other ……

First Name **Middle Name** **Last Name**

Institution:	Department:

Position:	Telephone No.:	Fax No.:

E-mail address:

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

SUBMIT REGISTRATION FORM BY FAX, E-MAIL OR ONLINE

TELEPHONE / FAX: (01) 442-4755
EMAIL: epilepsy@epilepsyinarabic.com
WEBSITE: www.epilepsyinarabic.com

CME CREDIT HOURS

VISIT OUR WEBSITE FOR MORE INFORMATION

NOTICE TO ALL EMPLOYEES OF KFSHRC RIYADH: 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: _____