

REGISTRATION FORM

YEAR 2009 EPILEPSY UPDATE EPILEPSY MANAGEMENT AND SURGERY

	RIYADH	HAIL	MEDINA	JAZAN
DATE:	14 March, 2009 (17 Rabi'l,1430)	25 March, 2009 (28 Rabi'l, 1430)	8 April, 2009 (12 Rabi'II, 1430)	22 April, 2009 (26 Rabi' II, 1430)
VENUE	King Faisal Specialist Hospital and Research Centre - Riyadh	King Khalid Hospital - Hail	King Fahad Hospital	King Fahad Central Hospital - Jizan
	Post Graduate Auditorium	Main Hospital Auditorium	Hospital Auditorium	Recreation Centre Auditorium

CHOOSE WHERE YOU WILL ATTEND THIS CONFERENCE:

KFSHRC - RIYADH KKH – HAIL KFH - MEDINA 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. 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: _____