

# Saudi Hematology Annual Congress 2018



Day 1



Day 2

Please **CHECK** if you are attending Day 1 only, Day 2 only or both days

TITLE:  Professor  MD  PhD  Nurse  Technician  Other: \_\_\_\_\_

GENDER:  Male  Female

REGISTRATION FORM

FIRST NAME
SECOND NAME
LAST NAME
PROFESSION
DEPARTMENT
INSTITUTION / HOSPITAL
MAILING ADDRESS
CITY / POSTAL CODE
CONTACT NO. / MOBILE NO.
E-MAIL ADDRESS
SAUDI COMMISSION REGISTRATION NUMBER (REQUIRED FOR PARTICIPANTS FROM SAUDI ARABIA ONLY)

Please return completed forms to:  
 ✉ [ssbd@kfshrc.edu.sa](mailto:ssbd@kfshrc.edu.sa)  
**Adult Hematology/HSCT**  
 Oncology Centre (MBC-64)  
 King Faisal Specialist Hospital &  
 Research Centre  
 PO Box 3354, Riyadh 11211  
 Saudi Arabia  
 🌐 [www.saudileukemia.org](http://www.saudileukemia.org)

**REGISTRATION FEE:**  
 Physicians & Clinical Pharmacists: Free  
 Non-physicians: SR 200

CONTINUING MEDICAL EDUCATION  
 Saudi Commission for Health Specialties  
 American Association of Continuing Medical Education


