

## Sleep Medicine & Polysomnography Course

27 – 29 January, 2018

### Registration Form

Please fill the form in **BLOCK LETTERS**:

<b>First Name:</b>																			
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<b>Middle Name:</b>																			
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<b>Last Name:</b>																			
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<b>Institution:</b>	
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<b>Position:</b>		<b>Specialization:</b>	
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**Contact:**

<b>Mobile:</b>	
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<b>E-Mail Address:</b>	
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Early Registration: 2,500 SR [till end of December, 2018]

Late Registration: 3,000 SR

On-Site Registration: 3,500 SR

**Contact Person:**

Mr. Ahmed Mohammed, Course Coordinator

Mobile: +966 53 248 0459

Office: +966 12 640 8222 - 16054

**Payment Details:**

Account Name: Saudi Society of Internal Medicine

Bank Name: Saudi American Bank

IBAN: SA074000000004701722197

Please note that your registration will be confirmed upon uploading transfer receipt.

You can use this E-Mail to send this form or transfer receipt: [Ahmed-zahra@msn.com](mailto:Ahmed-zahra@msn.com)