

## Sleep Medicine & Polysomnography Course

19 – 21 January, 2019

### Registration Form

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

First Name:																			
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Middle Name:																			
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Last Name:																			
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Institution:																			
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Position:																			
Specialization:																			

**Contact:**

Mobile:																			
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E-Mail Address:																			
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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 - 10529

**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)