

REGISTRATION FORM

Dept. of:	Evidence-Based Physiotherapy Symposium	Month	Days	Year
Physiotherapy		April	15 - 16	2007
Jeddah				

Please fill CLEARLY ALL INFORMATION in BLOCK LETTERS (for certificates) and return this form **with** payment slip.

Title: Dr. Prof. Mr. Ms. Mrs. Other: ____ Male Female

FIRST NAME:																
MIDDLE NAME:																
FAMILY NAME:																
INSTITUTION:																
POSITION:											SPECIALIZATION:					

ADDRESS:	CITY:		P.O. BOX:		COUNTRY:	
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CONTACT INFO. :

TELEPHONE NO.	AREA CODE:		EXT. #: (if any)	
FAX NO.:	AREA CODE:		EXT. #: (if any)	
E-MAIL: (<i>Essential</i>)				MOBILE NO:

REGISTRATION FEES: (Payment must be received by **deadline** date)

<p>REGISTRATION FEES FOR THE CONFERENCE:</p> <ul style="list-style-type: none"> • 90 \$ OR 250 SR for On-site Registration • 70 \$ OR 200 SR for Early Registration <ul style="list-style-type: none"> - Before 15th of April 2007 - SPTA Members - Group Registration of 5 persons and more.... 	<p>REGISTRATION FEES FOR WORK SHOPS:</p> <ul style="list-style-type: none"> 150 \$ OR 500 SR for on-site Registration 100 \$ OR 350 SR for Early Registration (before 15th of April, 2007) or for group of 3 or more. 80 \$ OR 300 SR for Nurses, Technicians and Students.
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IMPORTANT INFORMATION:

1. Registration **is not confirmed until** payment is received.
2. Payment is accepted in **cash, check** or **Bank Draft** in the name of:
Saudi German Hospital in Jeddah (then nominate the event)
3. **Cancellation/Refund Policy:**
Request for refund must be received one month prior to event.
Administrative fee of **US\$ 20** will be deducted from all refunds.

Send Payment and Registration Form to:

Academic Affairs Directorate
Saudi German Hospitals Group – Jeddah
P.O. Box.: 2550, Jeddah 21461
Kingdom of Saudi Arabia
Direct Tel. No.: 00966 2 639 88 15
Direct Fax No.: 00966 2 639 88 16
E-mail Add.: aad.jed@sghgroup.net
Website: www.sghgroup.com