



**5<sup>th</sup> Saudi Conference on Medical Physics  
19-21 October 2010**

Venue: Postgraduate Centre  
King Faisal Specialist Hospital & Research Centre  
Riyadh, Saudi Arabia

**REGISTRATION FORM**

**NOTE: Please ensure that you write the correct spelling of your name as you wish to be printed on the certificate.**

FIRST	MIDDLE	LAST
<b>NAME</b>		
<b>TITLE</b> <input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.		<b>GENDER</b> <input type="checkbox"/> F <input type="checkbox"/> M
<b>PROFESSION</b> <input type="checkbox"/> Medical Physicist / Health Physicist <input type="checkbox"/> Dosimetrist <input type="checkbox"/> Radiation Therapist <input type="checkbox"/> Student		<input type="checkbox"/> Radiologist <input type="checkbox"/> Radiation Oncologist <input type="checkbox"/> Medical Imaging Technologist <input type="checkbox"/> Others: _____
<b>INSTITUTION</b>		<b>SCFHS NO.<sup>1</sup></b>
<b>ADDRESS</b>		<b>TEL NO.</b>
		<b>FAX NO.</b>
		<b>MOBILE NO.</b>
		<b>EMAIL</b>
<b>REGISTRATION FEES</b>		<input type="checkbox"/> SAR500 <b>EARLY</b> <input type="checkbox"/> SAR700 <b>LATE</b>
<b>STUDENT FEES (CONFERENCE ONLY)</b>		<input type="checkbox"/> SAR250 <input type="checkbox"/> SAR350
<b>WORKSHOP REGISTRATION FEE</b> (Radiation Therapy Theme only) <sup>2</sup>		<input type="checkbox"/> SAR150
<b>DO YOU WANT TO APPLY FOR FREE SMPS MEMBERSHIP?</b> <input type="checkbox"/> YES <sup>3</sup> <input type="checkbox"/> NO		<b>EARLY REGISTRATION DEADLINE 19 SEPT 2010</b>

<sup>1</sup> Saudi Commission for Health Specialties Membership Number

<sup>2</sup> Diagnostic Radiology Workshops are included in the conference lectures

<sup>3</sup> Upon approval of the Saudi Medical Physics Society Board of Directors Committee, the applicant may be eligible for free membership

**FORM INSTRUCTIONS:**

- Complete the form by filling in the appropriate fields
- Save the completed documents and send it via email as file attachment.

**METHOD OF PAYMENT**

Bank transfer (participant name should be in the transfer order & an official receipt must be submitted onsite) to the following bank account:

**Bank Account Details**

**Bank Name** Saudi Hollandi Bank  
**Bank Address** Diplomatic Quarter, Riyadh  
**Account Name** Saudi Medical Physics Society  
**IBAN** SA3650000000037050923092

**REFUND POLICY**

Request for refund is accepted not later than **19 Sept 2010** with cancellation fee of SAR100. No refund policy for those who required visa assistance.

**Please send completed registration form via email to:**

E-mail: [afayyad@kfshrc.edu.sa](mailto:afayyad@kfshrc.edu.sa)

**For more information, please contact:**

**Arwa Fayyad**

SMPS Secretary

Training & Education Office at the Research Centre MBC-03

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