

	APPLICATION FOR THE TRAINING PROGRAM	REF.	FO-001
		REV.	0

Title of the Program:

Personal Information:

Prof.		Dr.		Mr.		Ms.	
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First Name											
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Second Name											
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Last Name											
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Saudi Council Registered No.	
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Institution	
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Department	
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Specialty	
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Telephone No.		Pager No.	
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Mobile No.	
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E-mail Add:	
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Send Registration FORM to:
 CSSC, 4th floor
 King Abdulaziz University Hospital
 Tel./ Fax No.: 640 1000 ext. 14604
 E-mail: csc.kau.edu@gmail.com