

**NATIONAL & GULF CENTER FOR EVIDENCE BASED MEDICINE**



**KING ABDULAZIZ MEDICAL CITY  
NATIONAL GUARD HEALTH AFFAIRS**

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**web site: [www.ngcebm.org](http://www.ngcebm.org)**

# EBM FOUNDATION COURSE

## REGISTRATION FORM

*Please fill up the form clearly and legibly.*

*Your NAME will appear on your 'Course Certificate' exactly as written on this form.*

**First Name** : (Dr./Mr/Ms/Mrs) \_\_\_\_\_

**Middle Name** : \_\_\_\_\_

**Last Name** : \_\_\_\_\_

**Professional Title** : \_\_\_\_\_ **Badge no.:** \_\_\_\_\_

**Specialty** : \_\_\_\_\_ **Nationality** : \_\_\_\_\_

**Complete Mailing Address** : *(Your complete mailing address is necessary to us for future collaboration)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Hospital** : \_\_\_\_\_

**Department** : \_\_\_\_\_ **Mail Code** : \_\_\_\_\_

**P.O. Box** : \_\_\_\_\_ **City** : \_\_\_\_\_

**Postal Code** : \_\_\_\_\_ **Country** : \_\_\_\_\_

**Contact Numbers** *(Please include telephone area codes if applicable)*

**Telephone** : \_\_\_\_\_ **Pager** : \_\_\_\_\_

**Mobile Phone** : \_\_\_\_\_ **Fax Number** : \_\_\_\_\_

**Email Address** : \_\_\_\_\_

**YOU HAVE TO FILL-UP THIS FORM COMPLETELY**

### Important Notice on Method of Payment

**Arab National Bank**

**Account number: 01-008-0520891-0187 ESC/EBM**

**NOTE: Send us a copy of your transaction/receipt to FAX # 9661- 2520088 ext.47168**