



REGISTRATION FORM



Trauma Courses Office
Deanship of Postgraduate Education
King Saud bin Abdulaziz University for Health Sciences
P.O. Box 3660 Riyadh 11481
Kingdom of Saudi Arabia



Part I

SELECT YOUR COURSE

Your preferred course date: _____

REGISTRATION FEES

- DMEP**
 SR 600 Non-Physician
 SR 1,000 Physician

- ATLS**
 SR 3,450 Provider
 SR 3,000 Instructor
 SR 1,500 Refresher-(not yet available)
 SR 200 Auditor

- ATCN**
 SR 1,500

- PHTLS 9th Ed**
 SR 1,000

- ATOM**
 SR 5,000 Surgeons
 SR 1,352 materials

Additional SR 50 for domestic shipment of course materials and SR 250 for international shipment

Part II

PLEASE PROVIDE YOUR INFORMATION

First name																	
Second name																	
Last name																	

Gender: Male Female

Saudi Commission ID No.: _____

Nationality: _____

Profession/Specialist: _____

Mobile No. _____

Institution/ Hospital Name: _____

Telephone No. _____

Department: _____

Email Address: _____

Address: _____

City: _____

Additional Remarks (if any): _____

Part III

MODE OF PAYMENT

For Cash / ATM

Please contact us
Tel. No.: 00966 11 429 9999 Exts 91350, 91368, 91354, 91372,
91376, 91353 Email Addresses: atls@ngha.med.sa
atcn@ngha.med.sa phtls@ngha.med.sa atom@ngha.med.sa

For Bank Transfer

Name of Bank: Arab National Bank – Riyadh
Account Name: KSAU-HS Riyadh-Departmental Activity Account
IBAN No.: SA93 3040 0108 0052 0891 0460
Account No.: 0108 0052 0891 0460
Swift Code: ARNBSARI

Please sign once you received your course materials

Date _____

To be completed by TC Office

Receipt No.		Amount:		Date:	
Book Code:		Remarks:			