DEANSHIP OF
POSTGRADUATE EDUCATION

جامعة الملك سعود بن عبدالعزيز للعلوم الصحية
King Saud bin Abdulaziz University for Health Sciences

Activity Registration Form

PERSONAL INFORMATION:

Gender: ☐ Male ☐ Female

PLEASE PRINT CLEARLY. Your name will on your "Activity Certificate," exactly as spelled on this form.

First Name:

Middle Name:

Last Name:

CONTACT DETAILS:

Mobile No.: ☐☐☐☐☐☐☐☐☐☐ E-mail Address*:

* In capital letters

ACTIVITY REQUESTED:

Activity Title:

Activity Date: Activity Code:

Activity Type: ☐ Conference Registration No.:

☐ Workshop Registration No.:

Invoice No.:	

BANK ACCOUNT DETAILS:

Payment Methods:
• Cash
  ○ By visiting the PTC Registration Office at the Deanship Bldg.
  ○ Onsite at the Conference Venue
• Bank Transfer
	Account Name:	ESC/Academic Affairs

	Account Number:	01-08-00520891-009-1
	IBAN No.:	SA653040-01-08-00520891-009-1
	Bank Name:	Arab National Bank
	Branch:	Khashmalan Branch
	Address:	Khasmalan, Riyadh Kingdom of Saudi Arabia