



Training for Certified Professional in Patient Safety (CPPS)

Venue: Building 500, King Fahd Hospital of the University

Time: 9:00 AM - 3:00 PM

PLEASE TYPE OR PRINT YOUR NAME CLEARLY AS YOU WANT IT TO APPEAR ON YOUR
CERTIFICATE OF ATTENDANCE AND RETURN THIS FORM THROUGH: EMAIL to dqaa.dqs@iau.edu.sa

GENDER

Male

Female

TITLE

Prof.

Dr.

Mr.

Mrs.

Ms.

DATES

January 26-30, 2020

September 20-24, 2020

April 12-16, 2020

First Name Middle Name Last Name

Profession/Specialty Saudi Council Professional No.

Institution/Hospital

Telephone No. (Including Information Dialing Code)

Mobile No. Fax No.

Email Address

Mailing Address (city with postal code / country)

Important information:

1. Registration is not confirmed until payment is received.
2. Payment is not accepted in cash, only bank transfer.
3. Deposit registration fee to:
Account Name: Imam Abdulrahman Bin
Faisal University Account No. IBAN: **SA3810000005290292000109**
Bank: National Commercial Bank
4. Send payment and registration form or copy of your deposit slip to: Directorate of Quality & Safety
Fax: +966 13 8966731
Email: dqaa.dqs@iau.edu.sa
5. Cancellation/Refund Policy: Request for refund must be received one week prior to the course.
Administrative fee 20% of the total registration fee (whichever is greater) will be deducted from all refunds.