

Sleep Medicine for Non-Specialists

March 14th 2020



Registration Form

:Personal Information

Gender: Female Male

First Name:

Middle Name:

Last Name:

Professional Title:

Nationality:

Hospital:

Department:

Saudi Council ID:

P.O. Box No.:

City:

Postal Code:

Country:

(Contact Details: (Please include telephone area code if applicable

Mobile Phone No.:

Fax No.:

E-mail Address:

:Registration Fees

Students:	SAR 50
Nurses:	SAR 100
General Doctors:	SAR 150
Consultants:	SAR 200



For More Information Contact us Through the Following:

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