



# Bahrain Defence Force Royal Medical Services Training & Development Directorate



## Registration Form

Specify Course : \_\_\_\_\_

Course Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

FULL NAME IN CAPITAL AS IT SHOULD APPEAR ON CERTIFICATE:

NAME (In English) : \_\_\_\_\_

NAME (In Arabic) : \_\_\_\_\_

SERVICE NO. / CPR NO. : \_\_\_\_\_

NATIONALITY : \_\_\_\_\_

PROFESSION : \_\_\_\_\_ SPECIALITY: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

 TELEPHONE : \_\_\_\_\_

 MOB: \_\_\_\_\_

 FAX: \_\_\_\_\_

 EMAIL : \_\_\_\_\_

HOSPITAL: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of form submission \_\_\_\_/\_\_\_\_/\_\_\_\_

COUNTRY: \_\_\_\_\_

DEPARTMENT : \_\_\_\_\_

HOD SIGNATURE : \_\_\_\_\_ DATE: \_\_\_\_\_

SPECIFY TYPE OF PAYMENT:

- ☐ SELF SPONSORED.
- ☐ INVOICE TO THE CONCERNED HOSPITAL, IF SO, NOMINATION LETTER OF THE TRAINING DEPARTMENT OR CONCERNED HEAD
- ☐ DEPARTMENT BUDGET, IF SO, HOD APPROVAL SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### CANCELLATION POLICY:

PLEASE NOTE THAT CANCELLATION OR RE-BOOKING REQUIRES A MINIMUM 3 WEEKS NOTICE. Bd.50.000 WILL BE CHARGED FOR LATE CANCELLATION OR FAILURE TO ATTEND THE COURSE. NO REFUND WILL BE GIVEN FOR ANY CANCELLATIONS, ALTHOUGH WE WOULD WELCOME A COLLEAGUE WHO WOULD BE READY TO SUBSTITUTE FOR YOU.

PLEASE SENT THE FILLED APPLICATION TO THE FOLLOWING OFFICE:

CONTINUOUS MEDICAL EDUCATION DEPARTMENT (CME)  
TRAINING & DEVELOPMENT DIRECTORATE  
BAHRAIN DEFENCE FORCE ROYAL MEDICAL SERVICES  
P.O. BOX 28743, RIFFA, BAHRAIN



0973- 17-766258



0973-17-766822



0973-3-9610311



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