

**King Abdulaziz University**

**Faculty of Medicine**

**Clinical Skills & Simulation Center**

**COURSE APPLICATION FORM**

**Course/Workshop Title: Airway Management & Simulation Course**

**Personal Information:** Choose an item. **Gender:** Choose an item.

**FIRST NAME**: Click here to enter text.

**SECOND NAME:** Click here to enter text.

**LAST NAME:** Click here to enter text.

**SAUDI COUNCIL REGISTERED NO.** Click here to enter text.

**INSTITUTION:** Click here to enter text.

**DEPARTMENT:** Click here to enter text.

**SPECIALTY**: Click here to enter text.

**TELEPHONE NO.** Click here to enter text.

**PAGER NO.** Click here to enter text.

**MOBILE NO.** Click here to enter text.

**EMAIL ADD:** Click here to enter text.

**For more information about CSSC check out our:**

**Website:** <http://csc.kau.edu.sa>

**Twitter:** KauCsc

**Facebook:** clinicalskills.kau

**Send Registration Form to:**

Clinical Skills & Simulation Center -4th floor

King Abdulaziz University Hospital

Tel./ Fax No.: 640 1000 ext. 14611

E-mail: med.csc@kau.edu.sa / med.csc@kau.edu.sa

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