



REQUEST FORM TO ATTEND CONFERENCE استمارة حضور مؤتمر

Name : _____
Designation: _____ : Staff No: _____
Department: _____
Name of the Event : _____
Date of the event from: _____ To: _____ Place: _____

Justify briefly by your attending this event how it will benefit the department and the patient care:

Signature of the applicant : _____ Date: _____

Conferences/Courses/Seminars attended during the current year: when and where

Date : _____ / _____ / _____ Place : _____

Date : _____ / _____ / _____ Place : _____

Capacity of attendance: Delegate/ presenting paper - poster/Speaker/Instructor/Special invitee. Etc.

Recommendation of Head of Department:

Signature and Stamp of the HOD : _____ Date: _____

Recommendation of Hospital Director:

Signature and Stamp of the Hospital Director: _____ Date: _____

Note:

- 1- This form should be submitted to the Hospital Director one month prior to the event.
- 2- Please submit a report on the event you have attended with your remarks and you should be able to pass the benefit of this event to the fellow members in the department of every lectures/ workshop etc and confirm it to our office after the event with a proof of attendance