

Attachment: \_\_\_\_\_ المرفقات  
Date: \_\_\_\_\_ التاريخ  
No.: \_\_\_\_\_ الرقم

## REQUEST FORM

### EVENT INFORMATION

#### Event Title (Arabic):

.....

#### Event Title (English):

.....

#### Category:

- ☐ Conference ☐ Symposium  
☐ Workshop ☐ Congress  
☐ Course ☐ Other .....

#### Type:

- ☐ Medical  
☐ Skills Enhancement  
☐ Training  
☐ Awareness  
☐ Education

#### Topics cover:

1. ....  
2. ....  
3. ....

### TARGET AUDIENCE:

- ☐ Faculty ☐ Physicians  
☐ Undergraduate ☐ Postgraduate  
☐ Other .....

Proposed start date .....  
Proposed end date .....  
Numbers of days .....

- Abstract included ☐ Yes ☐ No  
CME hours required ☐ Yes ☐ No  
Collaboration ☐ Yes ☐ No

(With National / International provider / Organization)

### SPEAKERS ARE FORM:

- ☐ KSUMC (number) .....  
☐ National (number) .....  
☐ International (number) .....

### Required documents: (Please Provide the Following)

- One page proposal  
1. Speaker CV resume  
2. Proposed program & objective

### Requester information

Requester name .....  
Department .....  
Date .....  
Signature .....

#### (for ECMU use only)

##### Referred to:

- ☐ Dean office ☐ PGME ☐ Medical education ☐ Student Affairs

Name .....  
Date .....  
Signature .....

#### (for approving department use only)

Approval ☐ Yes ☐ No

##### Reasons:

.....

Name .....  
Department .....  
Date .....  
Signature .....