

# ICR Exam Registration Form



I wish to register

- Clinical Research Training Course       Part 1 (Certificate)  
 Part 2 (Clinical Research Diploma)

ICR Membership No (if applicable)

Title (Dr, Mr, Mrs, etc)

First Name

Surname

Job Title

Company/Hospital Name

Email Address

*Confirmation of booking will be sent via email after the closing date*

Correspondence Address

Post Code

Country

Telephone no

## Declaration

I confirm I have read the ICR Exam Information Booklet

Signature

## Method of Payment

Please note your place is confirmed after payment of **8300 (SAR)**

- I enclose a payable bank draft to "The Institute of Clinical Research" in UK

OR

- I enclose a cheque payable to "ABDEL-AZIZ MAHDI AL-REMI EST."

OR

- Wire transfer to SAMBA account 261-079484, ABDEL-AZIZ MAHDI AL-REMI EST.

OR

- Please charge my credit card

Issue No: Maestro cards  
only

Valid from:

Expiry:

Signed

Date

Fax back to +44 (0)1628 530641 or Locally in Saudi Arabia +966(0)26145805

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