



## **DIFFICULT AIRWAY WORKSHOP REGISTRATION FORM**

Name: \_\_\_\_\_  
(to appear on certificate of attendance)

Hospital: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Department Tel No: \_\_\_\_\_

Department Fax No: \_\_\_\_\_

Hand phone No: \_\_\_\_\_

Email: \_\_\_\_\_

Vegetarian: Yes ☐ No ☐

RSVP: Dr. Zarina Abu Kasim

Email: zaza\_jb@yahoo.com

Tel: 0197171457 / 03-26155160

Closing Date: 10<sup>th</sup> March 2013

Fee: RM 50/person to be paid on 20<sup>th</sup> March 2013  
(limited to 30 participants only within Klang Valley)