



TIVA/TCI WORKSHOP REGISTRATION FORM

Name: _____
(to appear on the certificate of attendance)

Hospital: _____

Address: _____

Department Tel No: _____

Department Fax No: _____

Mobile phone No: _____

Email: _____

Vegetarian: Yes ☐ No ☐

RSVP:

DR SHELIZA JAMIL

Email: shelizajamil@yahoo.com

Tel no : 012 7525077

Closing date 15th May 2013

Limited to 30 participants

Fee: RM 50/person to be paid on 22 May 2013