

MSA 2010

Annual General Meeting & Annual Scientific Meeting

22nd – 25th April 2010

The Zon Regency Hotel, Johor Bahru, Johor, Malaysia

REGISTRATION FORM

(Photocopies of this form are accepted)

PERSONAL PARTICULARS

Title: ☐ Prof ☐ Dr ☐ Dato' ☐ Datin ☐ Mr ☐ Mrs ☐ Ms

Full name

Name on badge (Limited to 15 letters)

Institution

Correspondence address

Post code

Country

Telephone

Fax

Email

Specialty

Dietary requirement ☐ Vegetarian ☐ Non-vegetarian

REGISTRATION FEES

Category	Before 15 th March 2010	After 15 th March 2010	Amount
MSA Member / Medical Officer / Allied Health Professional	RM 300	RM 400	
Non-MSA Member (Specialist)	RM 400	RM 500	
Overseas Delegate	USD 150	USD 200	
Concurrent Pre-Congress Workshops (22nd April 2010) Please tick one	RM 100	RM 150	
<input type="checkbox"/> 1. Paediatric and Adult Airway <input type="checkbox"/> 3. Winfocus – Ultrasound Life Support <input type="checkbox"/> 2. Total Intravenous Anaesthesia – TIVA <input type="checkbox"/> 4. Ultrasound-Guided Regional Anaesthesia			

Payments should be made payable to “**Malaysian Society of Anaesthesiologists**”.

Payments can be made via telegraphic transfer to:

Account Name: Malaysian Society of Anaesthesiologists

Name of Bank: CIMB Bank Berhad

Address of Bank: Kuala Lumpur Main Branch, 11, Jalan Raja Laut, 50350 Kuala Lumpur, Malaysia

Account Number: 1408-0048965-00-5

Swift Code: CIBBMYKL

Please return the remittance advice note along with this form either by fax or email. Document image by email is also acceptable.

Date

Signature

Please return the completed form with the appropriate fees to:

MSA Secretariat

G-1, Medical Academies of Malaysia, 210, Jalan Tun Razak, 50400 Kuala Lumpur

Tel: (603) 4023 4700, 4025 4700, 4025 3700 Fax: (603) 4023 8100

Email: acadmed@po.jaring.my Website: www.msa.net.my