REGISTRATION FORM

Name (Mr / Ms / Madam / Dr / Prof):

_____

Address: _____

_____

_____ Postcode: _____

Institution / Affiliation: _____

Tel No: _____

Fax No: _____

Email: _____

Conference Registration Fees: Specialist: RM100

Trainees: RM80

Dear Sir,

I, _____ (name)

am remitting to you a cheque.

No: _____ (Bank _____)

the amount RM_____

(in words: _____) being total in

payment of costs that I have indicated above

Please make cheque to payee:

UKM Kesihatan Sdn Bhd

Account Number: Malayan Banking (5141 3213 2925)

To finalise registration:

(a) Please send your cheque payment to:

UKM Kesihatan Sdn Bhd
7th Floor, UKM Medical Center
Jalan Yaakob LAtif, Bandar Tun Razak, 56000 Cheras
Kuala Lumpur, Malaysia. Fax: 03-9173 0476

(b) Send an email with registration particulars to:
ukmches@gmail.com

Should you have further queries, please email us at the above.
Alternatively, you can contact: MELISSA ZAITON (017-230 1193)