REGISTRATION FORM

| PERSONAL PARTICULARS | | |
|--|--------------------------|---------------------------------------|
| Title : Prof / Dr / Dato' / Datin / Mr / Mrs / Ms | | |
| Full name : | | |
| Name on Badge (Limited to 15 letters) | | |
| | | |
| Institution : | | |
| Correspondence Address : | | |
| | | |
| | | |
| Post code : | ountry : | |
| Telephone : | X : | |
| Email : | Specialty : | |
| Dietary requirement : Vegetarian Non-vegetarian | | |
| REGISTRATION FEES | | |
| Congress Fees | Before 17th Feb 20 | 011 After 17th Feb 2011 |
| Nurses / Paramedics | | |
| Members | ☐ RM450 | ☐ RM500 |
| Non members | ☐ RM500 | ☐ RM550 |
| Doctors / Overseas Delegates Members | | |
| Non members | ☐ RM550 | □ RM600 |
| Pre-Congress Registration or Day Registration | |] RM150 |
| Early bird registration before/by 17th February 2011. Please take note that The congress registration fees includes Pre-Congress Workshop, Hawker's Night and Banquet Dinner. Extra ticket for Hawker's Night (RM70) and Banquet Dinner (RM80) can be purchased. | | |
| Cheque or local orders (LPO) should be made payable to "Perinatal Society Congress" | | |
| Account number: 1416-0014543-05-8 Bank: CIMB Branch: Kampung Baru, Kuala Lumpur | | |
| If bank in, please fax bank in slip to +603 5566 3239 attention to Jessica Tan or Jimmy Shim | | |
| Mode of Payment: Local Orders (LPO) no.: Cheque no.: | | |
| Bank: | | |
| Registration is confirmed only after receipt of registration form with | navment (e.g. cach/chegi | ue/LPO) or proof of payment |
| (e.g. bank-in slip) or letter of undertaking from your hospital. Receiver sms. | , . , | , , , , , , , , , , , , , , , , , , , |

Signature:

Congress Secretariat : Abbott Laboratories (M) Sdn Bhd

Date: