

REGISTRATION FORM FOR MAIN CONGRESS

Name of delegate: _____

ID Card Number: _____
(for doctors as in MMC-CME registration)

Current Post: _____

Contact Address: _____

Tel: _____

Fax: _____

Membership: Perinatal Malaysia Member
 Non-member

Fees to be paid (please circle and write the relevant amount)

<u>Professional Status</u>	<u>PSM Member</u>	<u>Non-PSM Member</u>
Specialist/GP/Overseas Delegate	RM 300	RM 350
Medical Officer/Registrar	RM 250	RM 300
Nurse/Paramedic	RM 200	RM 250
Addition (late registration)	RM 50	RM 50
Banquet (additional ticket at Rm60 each for accompanying person)	_____	_____
TOTAL AMOUNT	_____	_____

Please make payment by cheque, bank draft, or money order payable to 'Perinatal Society Congress' and send cheque to the Congress Secretariat.

Acknowledgement of registration, receipt of payment and a final programme will be posted to you near the date of the event.