REGISTRATION FORM

PERSONAL PARTICULARS

Title	: Prof / Dr / Dato' / Datin / Mr / Mrs / Ms			
Full name	:			
Name on Bado	ge (Limited to 15 letters)			
	Jo (=			
Institution	:			
Corresponden	ce Address :			
Post code :		Country	:	
Telephone :		-		
Email	:		:	
Dietary require	ement : Vegetarian	Non-vegetar	ian	
REGISTRATIO	N FEES			
Category		PSM/ PSS Member	Non Member	Amount
Doctors		☐ RM800	☐ RM850	
Nurses/Paramedics		☐ RM700	☐ RM750	
Overseas Delegates		☐ USD 400		
Late Registr	ration (After 15th March 2012):			
Doctors/Nurses/Paramedics		☐ RM50		
Overseas Delegates		☐ USI	USD 50	
Day Registration		☐ RM200	☐ RM250	
Pre Congress: Registered Main Congress – FREE		Attending	☐ Not Attending	
		(Please	tick box)	
Pre Congress Only: Not registered Main Congress		☐ RM200	☐ RM250	
Additional banquet tickets		☐ RM	140	
			TOTAL:	
Please take note t	hat Congress registration fees include free ent	ry to Pre- Congress Workshop a	nd Banquet Dinner.	
•	orders (LPO) should be made payable to "P			
	r: 1416-0014543-05-8 Bank : CIMB	Branch : Kampung Baru,	•	
If banking in, plea	ase fax bank-in slip to + 603- 5566 3239 a	attention to : Jessica Tan / Le	ena	
Mode of Paym	ent:			
Local Orde	ers (LPO) no.:			
Cheque no	D.:			
Bank:				
Cash				
Registration is co	onfirmed only after receipt of registration fo	orm with payment (e.g. cash/c	:heque/LPO) or proof of pay	/ment (e.g. bank-in
_	indertaking from your hospital. Receipt of y	· · · · · · · · · · · · · · · · · · ·		· =
	- · · · · ·	-	-	
Date :		Signature :		

Congress Secretariat : Abbott Laboratories (M) Sdn Bhd