

Participated by:



Registration Form (Foreign Delegates) Please complete using block letters.

8th Annual Scientific Meeting Malaysian Osteoporosis Society

together with the ISCD course with certification examination

13-16th October 2011 • The Empire Hotel, Subang Jaya, Malaysia

| Please tick F | Profile: Gener | ral Practitioner | Orthopaedic Endocrinologist |
|---|--|-------------------------|--|
| Male | : Medic | al Officer | Dietician Physician |
| Female | : Rheumatologist | | Allied Health/Trainees/Technician |
| | Radiologist | | Obstetrician & Gynecologist |
| | | | |
| | Otner | (please specify) | |
| Name : | | | |
| Institution : | | | |
| Address : | | | |
| : | | | |
| City : | Postal Code : | | |
| Country : | Email : | | |
| Phone No. : | | | Fax No. : |
| Registration Fe | es | | Payment |
| Densitometry Workshop | Before 1 Sept 2011 | After 1 Sept 2011 | All transactions must be made payable to "Persatuan Osteoporosis Malaysia" |
| Foreign Doctors Allied Health / Technicians | USD\$ 200 | USD\$ 300 | |
| Certification Examination Fee | USD\$ 150 | | Cheque Bank Draft |
| Main Conference | Before 1 Sept 2011 | After 1 Sept 2011 | Cheque / Bank Draft No: Bank Name : Date of issue : |
| OSS Member* | USD\$ 200 | USD\$ 300 | |
| Other Foreign Delegate | USD\$ 300 | USD\$ 350 | Date of issue : |
| Total Amount USD\$ | | | |
| | | | _ |
| Please mail the con Malaysian Osteoporosis | mpleted registration | form together with | h payment to: |
| T2-9, Jaya 33, No. 3 (Lot | Society 33), Jalan Semangat, Sec Fax: +603-7718 1667 | tion 13, 46100 Petaling | aya, Selangor |

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