

REGISTRATION FORM

Signature _____

12th ANNUAL SCIENTIFIC MEETING

Theme: Stopping fractures; Charting the Future

Date: 22nd – 23rd September 2018

Venue: Royale Chulan Damansara, Selangor, Malaysia

Please complete the following registration form. Make sure to include **ALL contact information** (email address, mailing address & mobile phone) to ensure receipt of your Registration Confirmation Email. All registration **MUST** be accompanied with payment. Registration without payments will not be processed.

A. <u>PERSONA</u>				illed with payment. Keş		
Title/ Name		:				
Full Name as p	er IC/Passport	:				
Gender		: M / F Vegetarian		egetarian	: Y / N	
Institution/ Hospital		:				
Corresponden	ce Address	:				
City		: Postcode		stcode	:	
Country		: Email		ail	:	
Mobile Phone No		: Fax No		(No	:	
Please tick √					_	
Profession:	General Practi	tioner	oner Orthopaedic Allied Health/ Trainees/ Technician		/ Trainees/ Technician	
	Medical Office	r	Dietician	Others (Pleas	se specify)	
	Rheumatologis	st	 Endocrinologist			
Obstetrician Gynaecologis		Physician				
B. <u>INSTITUTI</u>	ON/ COMPANY	SPONSOR DI	ETAILS			
Contact Person	n's Name :		Institut	ion/ Company Name	:	
Mobile No :		Office No :		Ema	Email:	
C. REGSITRA	ATION FEES (Ple	ase tick √)				
CATEGORY	(E	EARLY BIR			PAYMENT action must be made payable to	
Doctors		RM 450 RM 550		"PERSAT	UAN OSTEOPOROSIS MALAYSIA"	
Allied Health/Pa	ramedical	RM 350	RM 400	Che	eque Bank Draft Bank Transfer	
FLAT RATE				Chagua	Bank Draft No:	
Daily Rate (for local delegate) □ 22 nd Sep / □ 23 rd Sep						
			RM 300	Bank Nai	Bank Name:	
Foreign Delegat	es		USD \$ 200	Date of I	ssue:	
Please email the completed registration form together with the payment OR bank transfer receipt either by email to: PERSATUAN OSTEOPOROSIS MALAYSIA c/o JL Maestro Management Services secretariat.mos@gmail.com				Section 1 No. 12, 1 46100 Pe	Name: Public Bank Berhad L4 Branch L4 & 16, Jalan 14/4 etaling Jaya, Selangor Number: 3072875613 (MYR)	