PERSATUAN OSTEOPOROSIS MALAYSIA

Malaysian Osteoporosis Society

REGISTRATION FORM

13th ANNUAL SCIENTIFIC MEETING

Theme: Stopping fractures; Protecting the Future

Date: 12th – 13th October 2019

Venue: The Empire Hotel Subang, 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 payment will not be processed.

A. PERSONAL DETAILS

Title/ Name :

Full Name as per IC/Passport :

Gender : M / F Vegetarian : Y / N

Institution/ Hospital :

Correspondence Address :

City : Postcode :

Country : Email :

Mobile Phone No : Fax No :

Please tick (✓)

General Practitioners ☐ Orthopaedic Surgeons ☐

Physicians ☐ Obstetricians & Gynecologists ☐

Rheumatologists ☐ Geriatricians ☐

Medical Officers / Trainee Masters ☐ Allied Health / Diettians / Paramedic ☐

Others (Please specify)_____

B. INSTITUTION/ COMPANY SPONSOR DETAILS

Contact Person's Name : Institution/ Company Name :

Mobile No : Office No : Email:

C. REGSITRATION FEES (Please tick ✓)

CATEGORY	EARLY BIRD (BEFORE 31st AUG 2019)		POST EARLY BIRD (AFTER 31st AUG 2019)	
Doctors	MYR 450		MYR 500	
Allied Health/Paramedical/Trainee	MYR 350		MYR 400	
Foreign Delegates	USD 200		USD 250	
FLAT RATE (walk in rates)				
Foreign Delegates			USD 300	
Malaysian Delegates (for all categories)			MYR 550	

PAYMENT

All transaction must be made payable to

"PERSATUAN OSTEOPOROSIS MALAYSIA"

☐ Cheque ☐ Bank Draft ☐ Bank Transfer

Cheque/Bank Draft No: _____

Bank Name: _____

Date of Issue: _____

Account Name: Public Bank Berhad
Section 14 Branch
No. 12, 14 & 16, Jalan 14/4
46100 Petaling Jaya, Selangor

Bank Swift Code: PBBEMYKL

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
mosasm2019@bnetravel.com

Signature:_____ Date:_____