12th Ministry of Health Malaysia - Academy of Medicine of Malaysia

SCIENTIFIC MEETING 2017

Incorporating the 20th NIH Scientific Seminar and the 5th International Clinical Conference in Emergency Medicine (ICCEM) 2017

DATE **30th October to 1st November 2017** *VENUE* **Putra World Trade Centre, Kuala Lumpur**

REGISTRATION FORM

(Photocopies of this form are accepted)

Secretariat
MOH-AMM Scientific Meeting
Unit 1.6, Level 1, Enterprise 3B, Technology Park Malaysia (TPM), Jalan Innovasi 1
Lebuhraya Puchong - Sungei Besi, Bukit Jalil, 57000 Kuala Lumpur, Wilayah Persekutuan
Tel: (603) 8996 0700, 8996 1700, 8996 2700 Fax: (603) 8996 4700
Email: admin@mohammsc.org Website: www.mohammsc.org

Full Name _____

(Please underline surname)

Preferred Name on Badge ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ (Limited to 15 letters)

Institution _____

Correspondence Address _____

_____

_____

Office Telephone _____ Fax _____

Email _____ Specialty _____

REGISTRATION FEES

Category	On or Before 15th September 2017	16th September to 25th October 2017	On-Site	Amount Payable
Local Delegate	RM 650	RM 750	RM 800	
Oversea Delegate	USD 250	USD 300	USD 350	

TOTAL _____

For online registration and payment, please log on to **www.mohammsc.org**

PAYMENT

Payment by cheque is to be issued in favour of "**MOH-AMM Scientific Meeting**"

Bank _____ Cheque No. _____ Amount (RM) _____

Payments can be made via telegraphic transfer to the following account:

Name of Account : MOH-AMM Scientific Meeting
Account No. : 873-1-5056669-5
Name of Bank : Standard Chartered Bank
Address of Bank : Lot 4 & 5, Level G2, Publika Shopping Gallery, Solaris Dutamas, 50480 Kuala Lumpur
Swift Code : SCBLMYKXXXX

(Please return the remittance note along with the Registration Form either by fax or email. Document image by email is also acceptable.)

Date _____ Signature _____