13th MOH-AMM Scientific Meeting 2019

DATE **27th to 29th August 2019**

VENUE **National Institutes of Health (NIH) Setia Alam, Selangor**

REGISTRATION FORM

(Photocopies of this form are accepted)

Secretariat
MOH-AMM Scientific Meeting
Unit 1.6, Level 1, Enterprise 3B, Technology Park Malaysia
Jalan Innovasi 1, 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 July 2019	16th July to 23th August 2019	On-Site	Amount Payable
Local Delegate				
Presenter & Non-Presenter	RM 350	RM 400	RM 500	
Student	RM 200	RM 250	RM 250	
Overseas Delegate	USD 150	USD 200	USD 250	

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 _____