

Registration Form

** Please tick whichever is applicable*

Name : _____

Name for Tag : _____

I.C. / Passport : _____

Address : _____

Town & State : _____ Postcode : _____

Tel (Office) : _____ Fax : _____

Email : _____ H/P : _____

Registration Fee

MMA Members RM 200

Non MMA Members RM 250

(after 30th September, a late fee of RM50 will be imposed)

Clinic Nurses' Symposium fee RM 100

(Inclusive of all dressing materials provided. No late fee, but no onsite registration)

Note : There will be NO onsite registration for both the Symposia.

** No request for refunds will be entertained after the 30th of Sept, 2008**

Payment Details

Pay directly to Bank Account :

Malaysian Medical Association Wilayah, Public Bank Account 307 376 7026.

(A copy of bank in slip must be faxed back to MMA Wilayah, Fax No. 03-4041 4450)

You may pay by cheque or bank draft in favour of

Malaysian Medical Association Wilayah

and posted by registered post to

5th floor, MMA House, 124 Jalan Pahang, 53000 Kuala Lumpur.

For further details, please contact

Ms Eunice at 012-2092055

Dr Koh Kar Chai at 03-62531871

email : mmawilayah@yahoo.com