

REGISTRATION FORM

COURSE ON CLINICAL MANAGEMENT OF THALASSAEMIA
7th NATIONAL THALASSAEMIA SEMINAR
6th – 9th August 2015, The Sunway Putra Hotel, Kuala Lumpur

Full Name:

Designation: **Organisation:**

Postal Address:

Phone (Office): **Phone (Mobile):** **Fax:**

E-mail: **Vegetarian** ☐ Yes / ☐ No

Programme	REGISTRATION FEES (Please ✓)		
	Doctors	Nurses / Paramedics	Patients / Public (per person)
Course on Clinical Management of Thalassaemia 6 th - 7 th August 2015	☐ RM 500.00	☐ RM 450.00	-
7th National Thalassaemia Seminar 8 th - 9 th August 2015	☐ RM 500.00	☐ RM 450.00	☐ RM 150.00
Dinner of Hope 8 th August 2015	☐ RM 100.00	☐ RM 100.00	☐ RM 100.00
TOTAL PAYMENT <i>(rates are inclusive of 6% GST)</i>			

BANK INFORMATION

Account : Bendahari Universiti Kebangsaan Malaysia
Account No : 86-0008114-0
Bank : CIMB Islamic Bank Berhad (671380-H)
Bank Address : CIMB Cawangan Taman Maluri, No. 279 & 279A, Jalan Perkasa 1,
Taman Maluri off Jalan Cheras, 55100 WP Kuala Lumpur MALAYSIA
CBP/GST UKM : 0017 8225 9712
Swift code : CIBB MYKL

PAYMENT DECLARATION (Please✓)

Mode of Payment	Remarks (if any)
☐ I hereby enclosed a bank draft / cheque of made payable to "Bendahari Universiti Kebangsaan Malaysia" (1) Kindly mail your bank draft / cheque to the secretariat.	
☐ Local bank transfer (1) Kindly email us umbi.nts2015@gmail.com the receipt upon payment has been made.	
☐ Local Order (1) Please mail your original Local Order or bring on the registration day. (2) Please email the Electronic Fund Transfer (EFT) to umbi.nts2015@gmail.com upon payment has been made.	
☐ Payment by sponsors (1) Please email the letter of approval / sponsorship by your organisation or company to umbi.nts2015@gmail.com	

Signature : _____

Date : _____

ACCOMMODATION

The fees will not cover accommodation. Kindly please contact the Sunway Putra Hotel for reservation.

Please send completed form and payment to:

Secretariat of 7th National Thalassaemia Seminar
UKM Medical Molecular Biology Institute (UMBI)
Jalan Ya'acob Latiff, Bandar Tun Razak
56000 Cheras, Kuala Lumpur, MALAYSIA

Nooranizah Amdan +603-9145 9032 / Nur Shazwani Mohd Sulan +603-9145 9014

Fax: +603-9171 7185 / E-mail: umbi.nts2015@gmail.com
Website: <http://www.ukm.my/umbi/nts2015>

Refund policy:

No refund will be made for no-shows. To cancel the registration with refund, secretariat must receive your cancellation request in written form or by email no later than 2 weeks before course/seminar date. Thank you.

CIMB Islamic Bank Berhad (671380-H)

UNIVERSITI KEBANGSAAN MALAYSIA
JABATAN BENDAHARI
UNIVERSITI KEBANGSAAN MALAYSIA
BANGI
43600
SELANGOR

01417

SILA HUBUNGI CAWANGAN ANDA JIKA ADA SEBARANG PERTUKARAN ALAMAT.
 KINDLY ADVISE YOUR BRANCH OF ANY CHANGES IN ADDRESS.

NOMBOR AKAUN ACCOUNT NUMBER	TARIKH PENYATA STATEMENT DATE	NOMBOR PENYATA STATEMENT NUMBER	MATAWANG CURRENCY
86-0008114-0 (Eligible for Protection by PIDM)	31/08/14	10 of 10	MYR

TARIKH DATE	PERKARA DESCRIPTION	NO. CEK/RUJ CHEQUE/REF. NO	PENGELUARAN WITHDRAWAL	SIMPANAN DEPOSIT	BAKI BALANCE	BUTIRAN PEMBAYARAN PAYMENT DETAILS
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SEGALA MAKLUMAT DAN BAKI YANG
 TERCATAT DI DALAM PENYATA AKAUN INI
 ADALAH DIANGGAP SETUL, KECUALI PIHAK
 BANK DIMAKLUMKAN MENGENAI SEBARANG
 PERBEZAAN DALAM TEMPOH 14 HARI DARI
 TARIKH PENYATA INI. TANDA '-' PADA BAKI
 MELAMBANGKAN BAKI DEBIT.

UNTUK BAKI YANG JUMLAHNYA MERANGKUMI
 DEPOSIT CEK-CEK TEMPATAN DAN
 CAWANGAN SENDIRI, SILA BERI MASA YANG
 CUKUP UNTUK PENJELASAN CEK-CEK
 TERSEBUT SEBELUM DI KELUARKAN.

"SILA MAKLUMKAN SECARA BERTULIS
 KEPADA CAWANGAN ANDA, JIKA ADA
 SEBARANG PERTUKARAN ALAMAT."

ALL INFORMATION AND BALANCES SHOWN IN
 THIS STATEMENT ARE DEEMED CORRECT,
 UNLESS THE BANK IS INFORMED OF ANY
 DISCREPANCIES WITHIN 14 DAYS OF THE
 STATEMENT DATE. THE SIGN '-' AGAINST ANY
 BALANCES DENOTES A DEBIT BALANCE.

FOR BALANCES THAT INCLUDE DEPOSITS OF
 LOCAL AND HOUSE CHEQUES, PLEASE ALLOW
 SUFFICIENT TIME FOR THEIR CLEARANCE
 BEFORE UTILISATION.

"KINDLY ADVISE YOUR BRANCH IN WRITING
 OF ANY CHANGE IN ADDRESS."