

REGISTRATION FORM

Course on Clinical Management of Thalassaemia

18th - 19th May 2017

8th National Thalassaemia Seminar in conjunction with 1st ASEAN Thalassaemia Forum

20th - 21st May 2017

The Sunway Putra Hotel, Kuala Lumpur MALAYSIA

Full Name: _____

Designation: _____ Organisation: _____

Office Address: _____

Phone (Office): _____ Phone (Mobile): _____ Fax: _____

E-mail: _____ Vegetarian ☐ Yes / ☐ No

I am submitting an abstract : ☐ Poster ☐ No Preference

PROGRAMME & DATE	REGISTRATION FEES (Please ✓)		
	Local Delegates		International Delegates
	Doctors	Nurses / Paramedics	
Course on Clinical Management of Thalassaemia 18 th - 19 th May 2017	<input type="checkbox"/> RM 500.00	<input type="checkbox"/> RM 450.00	<input type="checkbox"/> USD 250.00
8 th National Thalassaemia Seminar in conjunction with 1 st ASEAN Thalassaemia Forum 20 th - 21 st May 2017	<input type="checkbox"/> RM 500.00	<input type="checkbox"/> RM 450.00	<input type="checkbox"/> USD 250.00
TOTAL PAYMENT (rates are inclusive of 6% GST)			

ACCOMMODATION

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

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)
<input type="checkbox"/>	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.	
<input type="checkbox"/>	Local bank transfer (1) Kindly email us umbi.nts2017@gmail.com the receipt upon payment has been made.	
<input type="checkbox"/>	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.nts2017@gmail.com upon payment has been made.	
<input type="checkbox"/>	Payment by sponsors (1) Please email the letter of approval / sponsorship by your organisation or company to umbi.nts2017@gmail.com	

Signature : _____

Date : _____

Please send completed form and payment to:

Secretariat of Course on Clinical Management of Thalassaemia
8th National Thalassaemia Seminar in conjunction with 1st ASEAN Thalassaemia Forum
UKM Medical Molecular Biology Institute (UMBI)
Jalan Ya'acob Latiff, Bandar Tun Razak
56000 Cheras, Kuala Lumpur, MALAYSIA

Nooranizah Amdan +603-9145 9032 / Nadzirah Selamat +603-9145 9024

Fax: +603-9171 7185 / E-mail: umbi.nts2017@gmail.comWebsite: <http://www.ukm.my/umbi/nts2017>**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.