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| --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL INFORMATION** | | | | | | | |
| **Name:** Prof./Datuk/Dato’/Datin/Dr./Mr./Madam/Miss | | | | | | | |
| **Organisation:** | | | | | | | |
| **Address:** | | | | | | | |
| **Tel:** | | **Fax:** | | **Email:** | | | |
| **REGISTRATION FEES. Please tick (✓)**  **(The fee will cover the cost of conference materials, lunch, tea breaks & certificate)** | | | | | | | |
| Researcher/Scientist | | | | MYR 700.00 | |  | |
| Students | | | | MYR 500.00 | |  | |
| Vegetarian? | | | | Yes |  | No |  |
| **FORM OF PAYMENT. Please tick (✓)** | | | | | | | |
|  | I hereby enclosed a bank draft/cheque (No: \_\_\_\_\_\_\_\_\_\_ of MYR: \_\_\_\_\_\_\_\_\_\_ made payable to “Bendahari Universiti Kebangsaan Malaysia” | | | | | | |
|  | **Local Purchase Order (No: \_\_\_\_\_\_\_\_\_\_) / Bank Transfer (Please email a copy of transaction slip)**  **Account :**Bendahari Universiti Kebangsaan Malaysia  **Account No :**86-0008114-0  **Bank :**CIMB Berhad  **Bank Address :**CIMB Cawangan Taman Maluri, No 279 & 279A,  Jalan Perkasa 1, Taman Maluri off Jalan Cheras,  55100 Wilayah Persekutuan Kuala Lumpur  **Swift code :**CTBB MYKL | | | | | | |
|  | **Others:** | | | | | | |
| **Date:** | | | **Signature:** | | | | |
| **Return this form and payment to:**  Secretariat  UKM Medical Molecular Biology Institute (UMBI)  UKM Medical Centre  Jalan Ya’acob Latiff, Bandar Tun Razak  56000 Cheras Kuala Lumpur  **Dr Nor Azian Abdul Murad: 017-2452535**  **Fax:** +60 3 9171 7185 **Email:**umbievent@ppukm.ukm.edu.my  **Website:** www.ukm.my/umbi/genotyping  **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 registration date. Thank you. | | | | | | | |