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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:**SecretariatUKM Medical Molecular Biology Institute (UMBI)UKM Medical CentreJalan Ya’acob Latiff, Bandar Tun Razak56000 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. |