REGISTRATION FORM

UKMMC 1st HANDS ON PLEURAL WORKSHOP 6-7 November 2017

GENERAL INFORMATION

Name of Participant	
Designation	Consultant/Fellow/Specialist
	Medical Officers
	Paramedics
Institution	
Mobile No	
Email	
Dietary Preference	🗆 Vegetarian
	Other dietary request
	(please specify)

REGISTRATION

Please indicate the Workshop/s you will be attending:

□ 2-day course – Day 1 and 2 (Pleural Ultrasound and Procedure)

□ 1-day course – Day 1 Monday (Pleural Ultrasound)

□ 1- day course – Day 2 Tuesday (Pleural Procedure)

Please check appropriate statement to indicate if you agree or disagree with <u>Payment</u> <u>Terms and Conditions as well as Cancellation Policy</u> mentioned below.

 $\hfill\square$ I/we AGREE to the Payment Terms and Condition as well as Cancellation Policy mentioned below.

□ I/we **DO NOT AGREE** to the Payment Terms and Condition as well as Cancellation Policy mentioned below.

Registration fees can be paid by telegraphic transfer directly to the following bank account:

Bank: CIMB Bank

Account Number: 8000742634

Account name: HOSPITAL UKM

Reference: 1st UKMMC Hands On Pleural Workshop

Closing date: 3rd November 2017

Terms and Conditions (PLEASE READ CAREFULLY BEFORE YOU REGISTER)

- Please email the registration form and proof of payment to our secretariat at pleuraworkshop@gmail.com.
- **Payment Confirmation Notifications** will be sent to your email address, once your payment is processed successfully.
- Cancellation Policy: There will be no refund of the registration fee for cancellation of registration. Substitutes are allowed but the Secretariat would appreciate prior notification by 3rd November 2017.
- The Secretariat reserves the right to makes changes to the speaker, date, including cancellation of the workshop with full refund if warranted by circumstances beyond its control.

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