



REGISTRATION FORM

Delegate details

Title Prof Dr Mr Mrs Ms

Name: Occupation/Designation:.....

Preferred name on badge:

Affiliated organization/institution: Department.....

Mailing Address:

Post Code: City: Country:

Tel: Mobile: Fax:

Email:

Special dietary requirement (if any)

MAIN MEETING (inclusive of 1 workshop)

BEFORE 30 May 2011

AFTER 30 May 2011

<input type="checkbox"/>	Foreign Delegates	USD500.00	USD550 .00
<input type="checkbox"/>	Local Delegates	RM750.00	RM800.00
<input type="checkbox"/>	Nurses/G.I.A	RM300.00	RM350.00

Workshops Only

(Per workshop)

(Per workshop)

WORKSHOP

[Please tick appropriately]

<input type="checkbox"/>	Foreign Delegates	USD100 .00	USD150 .00	<input type="checkbox"/>	Live Endoscopy
<input type="checkbox"/>	Local Delegates	RM300.00	RM350.00	<input type="checkbox"/>	Pathology : Fatty Liver and More
<input type="checkbox"/>	Nurses/G.I.A	RM150.00	RM200.00	<input type="checkbox"/>	Radiology: TIPSS: THE HOPE, THE HYPE AND THE HARD TRUTH

WORKSHOP FOR GPs

RM100.00

Mode of Payment

Enclosed is my total payment of USD/RM* _____ to be made through: (tick appropriate box)

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Bank draft – payable to “YAYASAN HEPAR MALAYSIA” | <input type="checkbox"/> LPO |
| <input type="checkbox"/> Telegraphic transfer (Account No: 0538-11-000031-0)
(Bank: EONCAP ISLAMIC BANK BERHAD)
(Branch: TAMAN SRI HARTAMAS, KUALA LUMPUR) | <input type="checkbox"/> VISA |
| | <input type="checkbox"/> Master Card |

I have authorized the 9th Liver Update Meeting Secretariat to debit the total amount of USD/RM* _____ from my credit card for the settlement of the above mentioned fees.

Name of Card Holder:

Card Number: Expiry Date: (mm/yy):.....

Card Issuing Bank:

CBC Code (Please advise the last 3-digit numbers on the reverse side of card):

Card Holder's Signature: Date (dd/mm/yy):

Kindly forward registration form and payment to:

9th Liver Update Meeting Secretariat
Malaysian Liver Foundation
No. 26 Block C, Jalan PJU 1A/3
Taipan Damansara 2, Ara Damansara, 47301 Petaling Jaya.
Tel: 603-7842 6101 Fax: 603-7842 6107/7842 6108

For enquiries: please contact MLF Secretariat @ 603-7842 6101 or email prema@liver.org.my OR dalilah@liver.org.my

Please tick whichever applicable