

# Registration Form

## Delegate details

Title  Prof  Dr  Mr  Mrs  Ms

Name: \_\_\_\_\_ Family name: \_\_\_\_\_

Preferred name on badge: \_\_\_\_\_

Affiliated organization/institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Special dietary requirement (if any) \_\_\_\_\_

|  | Before 30 May 2009 | After 30 May 2009 |
|--|--------------------|-------------------|
|--|--------------------|-------------------|

### Main Meeting

|                   |                                     |           |
|-------------------|-------------------------------------|-----------|
| Foreign Delegates | USD500.00 (inclusive of 1 workshop) | USD550.00 |
| Local Delegates   | RM600.00 (inclusive of 1 workshop)  | RM650.00  |
| Nurses/G.I.A      | RM300.00 (inclusive of 1 workshop)  | RM350.00  |

### Workshops

|                   |                          |           |
|-------------------|--------------------------|-----------|
| Foreign Delegates | USD100.00 (per workshop) | USD150.00 |
| Local Delegates   | RM300.00 (per workshop)  | RM350.00  |
| Nurses/G.I.A.     | RM150.00 (per workshop)  | RM200.00  |

### Mode of Payment

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

Bank draft – payable to “YAYASAN HEPAR MALAYSIA”

VISA

Telegraphic transfer (Account No: 0538-11-000031-0)

Master Card

(Bank: EONCAP ISLAMIC BANK BERHAD)

I have authorized the 8th 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:

### 8th Liver Update Meeting Secretariat

Malaysian Liver Foundation

No. 10-2 & 10-3 Jalan 25/70A

Desa Sri Hartamas, 50480 Kuala Lumpur.

For enquiries: please contact **MLF Secretariat @ 603-2300 3455** or email **pohsim@liver.org.my**