

# Registration form

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact No \_\_\_\_\_ Email: \_\_\_\_\_

**Member RM 100/-**

**Non Member 200/-**

Payment by Cheque or Bank Transfer (Kindly fax the bank in slip)  
"Payable to College of Dental Specialists"

Payment details:

**Account Name: College of Dental Specialists**

**Bank name : CIMB Bank**

**Bank Account number: 80-0153169-8**

**Last date for Registration: 10th April 2015**

For Enquiries and for registration:

Kindly fax / email registration & proof of payment form to:

**Dr Thomas Abraham**

**Hon Secretary**

**College of Dental Specialists**

**Dept of Oral & Maxillofacial Surgery**

**Hospital Tengku Ampuan Rahimah**

**41200 Klang**

**Fax: +603 33734952**

**Email: omfshtarklang@gmail.com**

**Contact : +6012 3248463**

Or

**Mr Billy Teh / Ms Kong**

**The Academy of Medicine Malaysia**

**Jalan Tun Razak**

**Kuala Lumpur**

**Tel: 03 40254700**

**Fax: 40238100**

**Email: acadmed@po.jaring.my**

Theme:

***1 day CPD workshop on  
"How to be an  
Expert Witness"***

Date

**19 April 2015**

Venue:

**Hotel Armada, Petaling Jaya**