



REGISTRATION FORM

16th Annual Scientific Meeting

College of Pathologists, Academy of Medicine Malaysia

FULL NAME:

IC NUMBER:

DESIGNATION:

DISCIPLINE:

OFFICE ADDRESS:

OFFICE NUMBER:

HANDPHONE NUMBER:

E-MAIL ADDRESS:

VEGETARIAN: Yes No

I hereby enclosed the payment of (please tick in the box):

| Categories | Early Bird registration before 31 st July 2017 | | Late registration after 31 st July 2017 | |
|-----------------------------------|---|---------|--|---------|
| AMM Members | <input type="checkbox"/> | RM 350 | <input type="checkbox"/> | RM 400 |
| Non-AMM members | <input type="checkbox"/> | RM 400 | <input type="checkbox"/> | RM 450 |
| Foreign Delegates | <input type="checkbox"/> | USD 150 | <input type="checkbox"/> | USD 200 |
| Medical Officer/ Allied Health | <input type="checkbox"/> | RM 250 | <input type="checkbox"/> | RM 300 |

Payment:

Payment in the form of cheque/bank-in slip/TT/EFT receipt to be made to:

College of Pathologist Academy of Medicine Malaysia

Bank: Bank Simpanan Nasional

Account No: 0510741000046550

**Please email the completed registration form and the scanned image of cheque/bank-in slip/TT/EFT receipt to asm2017.sec@gmail.com*

Please visit us at www.malaysiacop.com OR call us at **+60132132870 (Dr. Nazlinda)/**
+60196695230 (Dr. Roslina)