

# PHACOEMULSIFICATION WORKSHOP

## *Cataract Surgical Registration Form*

<i>Date:</i> 3 <sup>rd</sup> -4 <sup>th</sup> August 2018	<i>Venue:</i> Kulliyah of Medicine, International Islamic University of Malaysia, Kuantan	FULL
<i>Date:</i> 4 <sup>th</sup> -5 <sup>th</sup> October 2018	<i>Venue:</i> Faculty of Medicine, University of Malaya, Kuala Lumpur	
<i>Date:</i> 15 <sup>th</sup> -16 <sup>th</sup> October 2018	<i>Venue:</i> Hospital Selayang, Kuala Lumpur	

**PERSONAL INFORMATION** (Please fill in the form with CAPITAL LETTERS)

Name : \_\_\_\_\_

Date of birth : \_\_\_\_\_ Sex : Male / Female

MYKAD / Passport No. : \_\_\_\_\_

Professional Role : \_\_\_\_\_

Employment  
Organisation / Institution : \_\_\_\_\_

Study Organization /  
Institution : \_\_\_\_\_

**CONTACT DETAILS**

Mobile No. : \_\_\_\_\_ Office No. : \_\_\_\_\_

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

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

Postcode : \_\_\_\_\_ City : \_\_\_\_\_

State : \_\_\_\_\_

If masters' student/trainee,  
which year: : 1 / 2 / 3 / 4 Date admission : \_\_\_\_\_

Have you join this workshop on a  
previous occasion? : YES / NO  
I have join for this workshop previously on \_\_\_\_\_

**DIETARY REQUIREMENTS** (Please tick)

- Normal / Regular Meal       Vegetarian  
 Others (Please specify) \_\_\_\_\_

**MODE OF PAYMENT: Online banking / ATM transfer**

Fees : RM 500

1. **Universiti Malaya** -\*\*Do not proceed payment till registration confirm by organizer.

Account details:

Account Name : BURSAR UNIVERSITY OF MALAYA

Account No : 80-0127999-8

Bank Name : CIMB Bank Berhad, University of Malaya Branch

Person in charge:

Chief Organizer - Dr Penny Lott Pooi Wah

(email: [lottpw@yahoo.com](mailto:lottpw@yahoo.com))

2. **Hospital Selayang, KKM** - on-site payment.

Person in charge:

Chief Organizer - Dr Wan Mohd Hafidz Bin Wan Abdul Rahman

(email: [drwmhafidz77@gmail.com](mailto:drwmhafidz77@gmail.com))

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

**Seats are limited, do reserve early. Please complete and return registration form to email :  
[ophtha.secretariat@gmail.com](mailto:ophtha.secretariat@gmail.com)**