



5TH NEUROANAESTHESIA SYMPOSIUM
MOVING FORWARD IN NEUROANAESTHESIA:
2020 AND BEYOND

DATE: 14-16 AUGUST 2020

VENUE: PULLMAN MIRI WATERFRONT, MIRI, SARAWAK.

CONTACT US

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DR ELISHA CULAS +6012-755 1637
Email: nas.secretariat@gmail.com

REGISTRATION FORM

Delegate's Information *(please tick accordingly):*

Professor Dr Mr Ms

Full Name _____

Preferred Name

A. On Certificate of Attendance _____

B. On Badge _____

MyKad no. (for locals) _____

Profession & Specialty _____

Name of Organisation _____

Mailing Address

Postal Code () **Country** _____

E-mail Address _____

Contact no

Office _____ **Mobile** _____

Meal Preference Vegetarian Non - Vegetarian

Registration Fees (Non-Refundable)

Pre-Symposium Workshop Registration Fee (Non-Refundable)

(please tick accordingly)

Category	Early Bird <i>(on and before 30 June 2020)</i>	Standard <i>(1 July to 10 August 2020)</i>	On-Site <i>(in cash only)</i>
Local delegates	RM 125.00 <input type="checkbox"/>	RM 175.00 <input type="checkbox"/>	RM 175.00 <input type="checkbox"/>
Overseas delegates	USD 50.00 <input type="checkbox"/>	USD 100.00 <input type="checkbox"/>	USD 100.00 <input type="checkbox"/>

Please tick your preferred choice of workshop:

Workshop A: Airway management for medical officers

Workshop B: Neuromonitoring

Main Symposium Registration Fee (Non-Refundable)

(please tick accordingly)

Category	Early Bird (on and before 30 June 2020)	Standard (1 July to 10 August 2020)	On-Site (in cash only)
Doctors	RM 325.00 <input type="checkbox"/>	RM 375.00 <input type="checkbox"/>	RM 450.00 <input type="checkbox"/>
Allied health	RM 275.00 <input type="checkbox"/>	RM 325.00 <input type="checkbox"/>	RM 375.00 <input type="checkbox"/>
Overseas delegates	USD 150.00 <input type="checkbox"/>	USD 200.00 <input type="checkbox"/>	USD 200.00 <input type="checkbox"/>

Modes of Payment:

1. Online transfer
2. Telegraphic transfer (TT)
3. Bank in cash or cheque
4. LPO

All payments are to be issued in favour of “Persatuan Kakitangan Anestesiologi Hospital Umum Sarawak”

Name of Account : Persatuan Kakitangan Anestesiologi Hospital Umum Sarawak
Account no : 80-0930110-6
Name of Bank : CIMB Bank Berhad
Address of Bank : Wisma Satok, Jalan Satok, Kampung Bandarshah, 93400, Kuching, Sarawak
Swift Code : CIBBMYKL

Please complete this form and return via e-mail with proof of payment to:
Dr. Olivia Elaine / Dr Elisha Culas (Secretariat, 5th Neuroanaesthesia Symposium)
Email: nas.secretariat@gmail.com

**proof of payment will not be required upon registration for payment via LPO*