



## Registration

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

Designation: \_\_\_\_\_

Department/Speciality: \_\_\_\_\_

Hospital: \_\_\_\_\_

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

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

Vegetarian: Yes/No\* (please select)

## Registration Fees (please select 1)

	Before 15 <sup>th</sup> August 2007	After 15 <sup>th</sup> August 2007
Full Meeting (Paper Presentation, Arthroscopy Workshop & Live Surgery)	RM 150 <input type="checkbox"/>	RM 200 <input type="checkbox"/>
Paper Presentation & Live Surgery	RM 100 <input type="checkbox"/>	RM 150 <input type="checkbox"/>

## Registration Fee Entitlements

Admission to Scientific Meeting, Meeting Materials, Certificate of Attendance, Refreshments & Congress Dinner. Accommodation to be arranged separately and can be booked through The Secretariat for special rates at the Palace Beach & Spa, Mines.

I enclose herewith a cheque/money order/bank draft no. \_\_\_\_\_

dated \_\_\_\_\_ amounting to RM \_\_\_\_\_ payable to

**Persatuan Sosial Institut Ortopedik dan Traumatologi Hospital Kuala Lumpur.**

## Please send the completed form and payment to

The Secretariat, Malaysian Arthroscopy Interest Group Scientific Meeting 2007,  
c/o Serasi Medik Sdn Bhd, No. 18, Jalan Titir 33/25, Shah Alam Technology Park, 40300  
Shah Alam, MALAYSIA. Tel: +603-51246332 Fax: +603-51246016  
Contact Person: Ms. Easthrine Loo email: easthrine.loo@zimmer.com