



40th Malaysian Orthopaedic Association

Annual Scientific Meeting

20th - 22nd May 2010

The ZON Regency Hotel Johor Bahru, Johor Darul Takzim

REGISTRATION FORM

(Photocopies of this form are accepted)

PERSONAL PARTICULARS

Title: Prof Dr Dato' Datin Mr Mrs Ms

Full name: _____

Name on badge (Limited to 15 letters)

Institution: _____

Correspondence address: _____

Post code : _____

Country : _____

Telephone : _____

Fax : _____

Email : _____

Specialty: _____

Dietary requirement Vegetarian Non-vegetarian

REGISTRATION FEES

Category	BEFORE 15 th APRIL 2010	AFTER 15 th APRIL 2010
Overseas Delegate	RM 600	RM 800
Local Delegate	RM 500	RM 600
Pre-Congress Workshops	RM 100	RM 150
Golf	RM 150	RM 170

PAYMENT

All payments are to be issued in favour of "Malaysian Orthopaedic Association"
Payment can be made via telegraphic transfer to:

Name of Account : Malaysian Orthopaedic Association
Bank : Standard Chartered Bank
Address : Jalan Ipoh Branch, Kuala Lumpur
Account Number : 873-1-0378442-8
Swift Code : SCBLMYKXXXX

If remittance is via telegraphic transfer, please return the remittance advice note along with this form either by fax or email. Document image by email is also acceptable.

Date: _____

Signature: _____

Please return the completed form with the appropriate fees to:

Conference Secretariat
Academy of Medicine of Malaysia
G-1 Medical Academies of Malaysia
210 Jalan Tun Razak, 50400 Kuala Lumpur, Malaysia
Tel: 603-4023 4700, 603-4025 4700 Fax: 603-4023 8100
Email: secretariat@moa-home.com