

9th ASEAN Conference on PRIMARY HEALTH CARE

24~26 April 2015 Kinta Riverfront Hotel & Suites, Ipoh, Malaysia

REGISTRATION FORM

**ONE FORM TO
ONE PARTICIPANT**

Full Name:	
Name to appear on Name Tag:	
Mailing Address:	
Email:	
Telephone: Office	Residence
Fax	Mobile

- **Last day for payment of registration fee** is 31 March 2015 (except on-site registration).
- **Medical Student:** Please submit a letter from your Head of Institution along with the registration form.
- **Pre-conference:**
Workshop on OCCUPATIONAL HEALTH
2:00-5:30 pm, 23 Apr 2015.

For GOVERNMENT DEPARTMENTS,
local orders (L/O) are accepted.

- An authorised copy **MUST be enclosed** with this form.
- Please **submit the original upon registration.**

CATEGORY (select one)	Fee (RM)	Payment (RM)
Perak Medical Practitioners' Society member	300.00	
Doctor	400.00	
Paramedic	250.00	
Medical Student	150.00	
Day Registrant (Date: _____)	200.00	
Late / On-site Registration	450.00	
PRE-CONFERENCE (select one)		
Conference Registrant	100.00	
Non-Conference Registrant	150.00	

Please make payment in favour of:

9th Asean Conference on Primary Health Care

Bank: Public Bank (Ipoh Garden Branch)

Account No: 3193306415

SWIFT code: PBBEMYKL

Address to: Ms Wendy Wong

c/o KPJ Ipoh Specialist Hospital,
26 Jalan Raja Dihilir, 30350 Ipoh, Perak, Malaysia.

Tel & Fax: +6(05) 242 6549

Email (preferred): pmps.secretariat@gmail.com date: _____

TOTAL = RM _____

signature _____

CPR & WOUND CARE WORKSHOPS
6 similar sessions (choose ONE ONLY): 1A, 1B, 1C, 2A, 2B, 2C
 Limited seats only. Allocation is on a first-come first-serve basis.
 You are advised to also attend the CPR workshop theory on Day 1.

I will attend
workshop session: