UKM OPHTHALMOLOGY WEEKEND COURSE

A Weekend With The Experts : Retinal Imaging & Updates In Retinal Diseases

REGISTRATION FORM

Please complete this form in BLOCK letters. Photocopy of the form is acceptable

Title : ☐ Prof. ☐ Assoc. Prof. ☐ Dr. ☐ Mr. ☐ Ms.

Full Name :

Institution/Hospital :

Address :

Tel No :

Fax No :

Handphone No :

Email :

Registration Fee : ☐ RM50 ☐ Exemption for UKM personnel and student

Payment : Enclosed is cheque/bank draft no. _____ of RM _____
made payable to : UKM Kesihatan Sdn. Bhd.

Dietary Requirement : ☐ Vegetarian

Kindly RSVP as limited seats available.

Terms and conditions :

- *Registration will only be confirmed after the payment has been received.*
- *On-site registration is discouraged - seats and food will NOT be guaranteed. Closing date for registration is 7 days prior to the event.*
- *Refund is possible if written notice of cancellation is received 14 days prior to the meeting. There is a handling fee of 30% for all refunds.*
- *If cancellation is made less than 14 days prior to the meeting of failed, a substitute is welcomed.*

Please sign to confirm attendance :

_____ _____

Signature Date

Please send completed registration form to :

Ophthalmology Department,
Pusat Perubatan Universiti Kebangsaan Malaysia
Jalan Yaacob Latif, Bandar Tun Razak,
Cheras, 56000 Kuala Lumpur
Tel : +603-9145 5992 (Ms. Ann Thomas)
Fax : +603-9145 6673

CME point will be accredited