Coloproctology

8th, 9th & 10th MARCH 2012

PULLMAN KUCHING SARAWAK MALAYSIA

REGISTRATION FORM

(Photocopies of this form are acceptable)

Congress Secretariat
COLOPROCTOLOGY 2012
G-1 Medical Academies of Malaysia
210 Jalan Tun Razak, 50400 Kuala Lumpur, Malaysia
Fax: (603) 4023 8100

PERSONAL PARTICULARS

Title ❑ Prof ❑ Dr ❑ Dato' ❑ Datin ❑ Mr ❑ Mrs ❑ Ms

Full Name

Name on Badge ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ *(Limited to 15 alphabets)*

Institution

Specialty

Correspondence Address

Telephone Mobile *(optional)*

Facsimile Email

Registration Fees

Category	*On And Before 31st January 2012*	*From 1st February 2012 To 1st March 2012*	*On-Site*	*USD / RM*
Local Delegate	RM 500	RM 550	RM 650	
Medical Officer / Allied Health Professional	RM 400	RM 450	RM 550	
Overseas Delegate	USD 300	USD 350	USD 450	
Pre-Congress Workshops (8th March 2012)	❑ ***1. Operative Workshop*** ❑ ***2. Pathology Workshop***			
Local Delegate	RM 150	RM 200	RM 300	
Overseas Delegate	USD 75	USD 100	USD 125	

**Delegates would have to register separately for the Pre-Congress Workshops.*
Registration will only be confirmed subject to receipt of registration fee / LPO.

TOTAL

***For online registration and payment, please log on to* www.colorectalmy.com**

Payment

1. Payments by cheque to be issued in favour of the "**Malaysian Society of Colorectal Surgeons**"

   Cheque No Bank Amount **USD / RM**

   Date Signature

2. TELEGRAPHIC TRANSFER

   Payments can be made via telegraphic transfer to:

   Account Name : Malaysian Society of Colorectal Surgeons
   Bank : CIMB Bank Berhad
   Account No : 1471-0001195-05-1
   Branch : Plaza Damansara Branch, Bukit Damansara Kuala Lumpur, Malaysia
   Swift Code : CIBBMYKL

   (Please return the remittance advise note along with this form either by fax or mail. Document image by email is also acceptable.)