

5th SCIENTIFIC CONGRESS Asean Society of Colorectal Surgeons & COLOPROCTOLOGY 2010 (8th Malaysian Colorectal Conference)

4th – 6th MARCH 2010 ■ Shangri-La Hotel, Kuala Lumpur, Malaysia

REGISTRATION FORM (Photocopies of this form are acceptable)

CONGRESS SECRETARIAT

5th Scientific Congress of the Asean Society of Colorectal Surgeons
& Coloproctology 2010 (8th Malaysian Colorectal Conference)

19 Jalan Folly Barat, 50480 Kuala Lumpur, Malaysia Fax : (603) 2093 0900

PERSONAL PARTICULARS

Title Prof Dr Dato' Datin Mr Mrs Ms

Full Name _____

Name on Badge _____ (Limited to 15 alphabets)

Institution _____

Correspondence Address _____

Specialty _____

Telephone _____

Mobile _____

Facsimile _____

Email _____

REGISTRATION FEES

Category	Before 30 th December 2009	After 30 th December 2009 and Before 25 th January 2010	On-Site	RM / USD
Local Delegate	RM 450.00	RM 500.00	RM 600.00	
Medical Officer / Allied Health Professional	RM 350.00	RM 400.00	RM 500.00	
Overseas Delegate	USD 300.00	USD 350.00	USD 450.00	

*PRE-CONGRESS WORKSHOP (4TH MARCH 2010)

Local Delegate	RM 100.00	RM 150.00	RM 250.00	
Overseas Delegate	USD 100.00	USD 150.00	USD 250.00	

*Delegates would have to register separately for the Pre-Congress Workshop.

Registration will only be confirmed subject to receipt of registration fee / LPO.

TOTAL _____

PAYMENT

1. Payment by cheque to be issued in favour of the "MALAYSIAN SOCIETY OF COLORECTAL SURGEONS".

Cheque No _____ Bank _____ Amount RM _____

Date _____ Signature _____

2. TELEGRAPHIC TRANSFER

Payments can be made via telegraphic transfer to:

Account Name : Malaysian Society of Colorectal Surgeons Branch : Plaza Damansara Branch, Bukit Damansara

Bank : CIMB Bank Berhad Kuala Lumpur, Malaysia

Account No : 1471-0001195-05-1 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.)

3. CREDIT CARD

I hereby authorise the debit of RM _____ from the following credit card:

Card Type Visa Mastercard

Name of Cardholder _____

Company (for company card) _____

Card No _____ CVV No _____

City and Country of Issue _____ Expiry Date _____

Date _____

Cardholder's Signature _____

*CVV (Card Verification Value) is the 3-digit code after your credit card number printed on the reverse side of your credit card, applicable for Visa and MasterCard only.