

**Registration Deadline: 26<sup>th</sup> July 2016**

**Registration Form**

Please complete using block letters.

Please tick

Profile :  General Practitioner  Orthopaedic  Allied Health/Trainees/Technician  
 Medical Officer  Dietician  Other (please specify) \_\_\_\_\_  
 Rheumatologist  Endocrinologist  
 Obstetrician & Gynecologist  Physician

Meal Preference	
Vegetarian Diet	
Yes	No

Gender :  Male  Female

Title / Name : \_\_\_\_\_

Institution : \_\_\_\_\_

Address : \_\_\_\_\_

City : \_\_\_\_\_ Postal Code : \_\_\_\_\_

Country : \_\_\_\_\_ Email : \_\_\_\_\_

Phone No : \_\_\_\_\_ Fax No. : \_\_\_\_\_

**Registration Fees** (Please tick  )

Annual Scientific Meeting (27 <sup>th</sup> – 28 <sup>th</sup> August 2016)	Before 15 <sup>th</sup> July 2016		After 15 <sup>th</sup> July 2016	
	Doctors	RM450		RM550
Allied Health/Paramedical	RM350		RM400	
	Flat Rate			
Daily Rate (for local delegate) <input type="checkbox"/> 27 <sup>th</sup> Aug / <input type="checkbox"/> 28 <sup>th</sup> Aug			RM250	
Foreign Delegates			USD\$200	

Total Amount	RM
	USD\$

**Payment**

All transaction must be made payable to  
**"Persatuan Osteoporosis Malaysia"**

<input type="checkbox"/> Cheque	<input type="checkbox"/> Bank Draft	<input type="checkbox"/> Bank Transfer
Cheque/Bank Draft No: _____		
Bank Name	:	_____
Date of Issue	:	_____

**Bank Details:**

**Public Bank Berhad**  
 Section 14 Branch  
 No. 12, 14 & 16, Jalan 14/14  
 46100 Petaling Jaya,  
 Selangor

**Account Number:** 3072875613 (MYR)  
**Bank Swift Code:** PBBEMYKL

**Please email the completed registration form together with the payment  
 Or bank transfer receipt either by fax or email to:**

**Persatuan Osteoporosis Malaysia  
 C/O ICEM Sdn Bhd**

Unit N-3A-1, No. 12 Jalan PJU 5/1, Kota Damansara,  
 47810 Petaling Jaya, Selangor Darul Ehsan, Malaysia.  
 Tel: +603 6151 8682 Fax: +603 6151 4852

Event Secretariat: Nikki Kong (MOSASM16@icemregional.com)

\_\_\_\_\_  
 Signature Date