



## $1^{\rm st}$ NATIONAL INTERVENTIONAL PAIN MANAGEMENT SYMPOSIUM & CADAVERIC WORKSHOP UNIVERSITI MALAYA MEDICAL CENTRE $18^{\rm TH}-19^{\rm TH}~JUNE~2011$

## **REGISTRATION FORM**

				_	For Official Use Only	
Date Received:			Registrati	Registration No.		
Professor	Dato/Datin	Doctor	Mr	Mrs	Ms	
Full Name (as per I.C / Passport):				I.C/Passport No. :		
Institution:						
Address:						
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City:		Country:	T =	Postal Cod	le:	
Tel:			Fax:			
Email:						
Primary Car	e Anaesth	esiology	Surgery :(plea	se specify)	Physician :(please specify)	
REGISTRATIO	ON RATES					
served basis. Fee  Symposium  Closing date for	atest by 31 <sup>st</sup> May 2 es paid by 31 <sup>st</sup> May registration is 31 <sup>st</sup> I	2011 will be reimb	orkshop seats ar ursed if registrat	ion is rejected due	ats and are on first-come first-to limited places.	
Member				RM600		
Non-member Symposium only			RM800 RM150			
Overseas Participants				USD500		
Overseas i articipants						
PAYMENT						
Please make che Enclosed with a  Chequ Bank I  Money	Oraft no. : or Order no. : aphic Transfer : Account Number Account Namer Bank : CIMB B	e : er : 1440-0007040-0 Malaysian Associa ank Berhad University Malaya	Bank: Bank: Bank:			
Please send to Se payment has bee		the telegraphic trans	sfer bank slip to	gether with the reg	gistration form after the	
Please send or er Secretariat	mail the registration	form and payment	to:			

Registration form is also available on the website www.masp.org.my

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