



**1<sup>st</sup> NATIONAL INTERVENTIONAL PAIN MANAGEMENT SYMPOSIUM  
& CADAVERIC WORKSHOP  
UNIVERSITI MALAYA MEDICAL CENTRE  
18<sup>TH</sup> – 19<sup>TH</sup> JUNE 2011**

**ROOM RESERVATION FORM**

☐ Professor      ☐ Dato/Datin      ☐ Doctor      ☐ Mr      ☐ Mrs      ☐ Ms

|                                     |  |  |  |
|-------------------------------------|--|--|--|
| Full Name (as per I.C / Passport) : |  |  |  |
| Passport No. (non Malaysian) :      |  | New I.C No. (Malaysian) :              |  |
| Institution :                       |  |  |  |
| Address :                           |  |  |  |
|                                     |  |  |  |
| City :                              |  | Country :                              | Postal Code :                              |
| Tel :                               |  | Fax :                                  | Email :                                    |
| Check in Date :                     |  | Flight No. / ETA :                     |  |
| Check out Date :                    |  | Flight No. / ETD :                     |  |
| Room Type                           | <input type="checkbox"/> Single                                    | <input type="checkbox"/> Double        | <input type="checkbox"/> Twin              |
| Special Request                     | Extra Bed <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Smoking Floor | <input type="checkbox"/> Non Smoking Floor |
| <b>Hotel Name</b>                   | <b>Room Category</b>   | <b>Room Type</b>                       | <b>Daily Rate</b>                          |
| PJ Hilton                           | Guest Room   | Single with breakfast                  | <input type="checkbox"/> RM340++           |
|                                     | Deluxe Room  | Single with breakfast                  | <input type="checkbox"/> RM385++           |
| Eastin Hotel                        | Deluxe Room  | Single without breakfast               | <input type="checkbox"/> RM310nett         |
|                                     | Deluxe Room  | Single with breakfast                  | <input type="checkbox"/> RM344.80 nett     |
| Boulevard                           | Superior Room  | Single with breakfast                  | <input type="checkbox"/> RM275++           |
|                                     | Superior Room  | Double with breakfast                  | <input type="checkbox"/> RM290++           |
|                                     | Deluxe Room  | Single with breakfast                  | <input type="checkbox"/> RM295++           |
|                                     | Deluxe Room  | Double with breakfast                  | <input type="checkbox"/> RM310++           |

**MODE OF PAYMENT**

Please make payment through :

☐ Bank draft / Cheque : (Bank : \_\_\_\_\_ Bank draft/Cheque No. \_\_\_\_\_ Total Amount (RM) \_\_\_\_\_)

☐ Telegraphic Transfer (TT) to :

Beneficiary : Malaysian Association for the Study of Pain

A/C Number : 1440-0007040-05-7

Swift Code : CIBBMYKL

Banker : CIMB Bank Berhad

Branch : CIMB Universiti Malaya

Please fax or email the form to :

Mundipharma Pharmaceuticals Sdn Bhd

A-5-01, Level 5, Block A, PJ8, No.23, Jalan Barat, Seksyen 8, 46050 Petaling Jaya, Selangor, MALAYSIA

Tel : +603-7946 0606 or +603-7946 0612 or +603-7946 0610 Fax : +603-7946 0600

Contact persons : Sunyi Lim / Richard Leong

Email : [maspsecretariat@gmail.com](mailto:maspsecretariat@gmail.com)

*Room reservation form is also available on the website [www.masp.org.my](http://www.masp.org.my)*