2ND CONGRESS OF THE ASSOCIATION OF SOUTHEAST ASIAN PAIN SOCIETIES

DATE : 5 TO 8 DECEMBER 2007 VENUE : CROWNE PLAZA MUTIARA KUALA LUMPUR

ABSTRACT SUBMISSION FORM

PRESENTING AUTHOR (A	please print)		
Full name			
		(underline surname)	
Position / Title			
Institution			
Correspondence Address			
Post Code	Town	State	Country
Telephone		Fax	
<u>Email</u>			
Choice of Communication :	Oral	Poste	r
I,and declare that no copyright purely for the benefit of deleg	will be infringed by suc	ch action. I understand th	y presentation being recorded or reproduced in print nat the purpose of such recording or reproduction is
Please email abstract to the	Congress Secretariat at	2ndAseaps@masp.org.m	y Do not send by diskette. The closing date is

CONGRESS SECRETARIAT

30th September 2007. Abstract submission must be accompanied with Conference registration fee.

2nd Congress of the Association of South Asian Pain Societies Address: Mundipharma Pharmaceuticals Sdn Bhd, 74 Jalan University, 46200 Petaling Jaya, Selangor Darul Ehsan Tel: 603-7966 0730 Fax: 603-7957 9909 Email: 2nd Aseaps@masp.org.my