

## REGISTRATION FORM for the Conference ONLY

I wish to attend the 17th Penang Teaching Conference for General Practitioners and enclose a cheque (No. \_\_\_\_\_) for RM350 / RM450 / US\$200, drawn on \_\_\_\_\_ Bank, crossed A/C payee only, **made payable to MMA Penang Branch** / I have paid directly into the bank (photocopy of pay-in slip attached) / I am exempted from payment of registration fee because I am a General Practitioner (MMA/AFPM member) who will be presenting a free paper\*.

Name : Dr. \_\_\_\_\_

\*MMA/Academy of Family Physicians Membership Number : \_\_\_\_\_

NRIC Number Old : \_\_\_\_\_ New : \_\_\_\_\_

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

Town : \_\_\_\_\_ Post Code: \_\_\_\_\_ State \_\_\_\_\_

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

E-mail : \_\_\_\_\_

*(Please ensure that the e-mail address is clearly legible, correct and still functioning)*

Please indicate if vegetarian food is required: \*Yes / No (\* Delete whichever is inapplicable)

### Payment

If paying by cheque or banker's order, please make the crossed cheque/bank draft payable to **"Malaysian Medical Association, Penang Branch"**. You may also pay by electronic transfer, postal order, money order, bank draft, banker's cheque. You are encouraged to pay directly into our bank account under the name "Malaysian Medical Association Penang Branch" A/C No. 80-0394972-0 at the CIMB Bank, Penang.

After paying in, please send us a photocopy of the pay-in-slip as proof of payment, along with your application form or scan and e-mail the pay-in slip/s along with your application form/s.

**The closing date for registration is 5th September 2014**

Photocopies of the form are acceptable

The form can be downloaded from

<http://www.mma.org.my/Portals/0/PDF%202013/Registration%20form%20for%20Conference%20only%2016th%20GP%20Conference.pdf>

**Forms without registration fee will not be registered**

Mr SP Palaniappan, Gleneagles Medical Centre, 1 Jalan Pangkor, 10050 Penang,  
Tel.and fax No.:04-2229188 (office hours only) Fax. (all hours) No.:04-2262994  
Email : 17gpcourse@gmail.com Faxes to be marked "Attention of Mr Palaniappan"

You may register by e-mail if you have paid the fee into the bank account. **You have to attach a clear legible scanned copy of the original stamped bank's pay in slip along with the form/s as proof of payment**

# REGISTRATION FORM FOR WORKSHOPS on 11th September, 2014

Please fill in the registration form legibly or type in or download and fill in on the computer and **send in before 5th September 2014. Only registration forms with payment will be accepted.**

Workshop	Fee for everyone	Attending yes/no
<b>WORKSHOP ①:</b> CPR/ Basic Life Support Courses and Examinations	RM275.00	
<b>WORKSHOP ②:</b> Management of Drug Addiction	RM130.00	
<b>WORKSHOP ③:</b> Audiometry At Your Clinic workshop	RM 50.00	
<b>Fee to be paid in RM</b>		

Lunch will be provided for both workshops ① and ② **but not for ③**– you can attend only ① alone or ① and ③ or ② alone or ② and ③ but **NOT both ① and ②**

Workshop ③ is open to clinic nurses as well as participants of the conference

I wish to attend the workshop (marked above) of the 17th Penang Scientific Conference for General Practitioners and enclose a cheque/bank draft/Postal or Money Order (No. \_\_\_\_\_) for RM \_\_\_\_\_ drawn on \_\_\_\_\_ Bank, crossed A/C payee only, **made payable to MMA Penang Branch** / I have paid directly into the bank or by electronic transfer (photocopy of pay-in slip attached).

Name : Dr. \_\_\_\_\_

\*MMA/Academy of Family Physicians Membership Number : \_\_\_\_\_

NRIC Number Old : \_\_\_\_\_ New : \_\_\_\_\_

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

Town : \_\_\_\_\_ Post Code: \_\_\_\_\_ State \_\_\_\_\_

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

E-mail : \_\_\_\_\_

*(Please ensure that the e-mail address is clearly legible, correct and still functioning)*

Please indicate if vegetarian food is required: \*Yes / No (\* Delete whichever is inapplicable)

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### Forms without registration fee will not be registered

Please send completed forms and payment / proof of payment to:  
Mr SP Palaniappan, Gleneagles Penang, 1 Jalan Pangkor, 10050 Penang,  
Tel. and fax No.: 04-222 9188 (office hours only) Fax. (all hours) No.: 04-226 2994  
Email : 17gpcourse@gmail.com Faxes to be marked "Attention of Mr Palaniappan"

You may register by e-mail if you have paid the fee into the bank account. **You have to attach a clear legible scanned copy of the original stamped bank's pay in slip along with the form/s as proof of payment**