

REGISTRATION FORM FOR CPR COURSE

Please fill in the registration form legibly or type and **send in before 7th April 2008**.

Only registration forms with payment will be accepted. Crossed cheques and bank drafts are to be made payable to "Malaysian Medical Association, Penang Branch". You may pay directly into our bank account, at the CIMB Bank Berhad, Bellisa Row, 368-1-14 & 15 Jalan Burmah, Pulau Tikus Branch, A/C no. 0730 0000204-05-3. If you pay into the bank account directly, please send a clear legible photocopy of the stamped bank pay in slip as proof of payment along with your registration form.

Fee enclosed: RM160.50

Name : Prof./Dr./Mr./Ms. _____

Name for name tag : (12 characters) _____

Identity Card No. : _____

Address : _____

Postcode : _____

Tel. No. : _____

Fax. No. : _____

Email : _____

Designation : MMA member YES / NO (*please circle appropriately*)
Govt. doctor / Student / Paramedic

Vegetarian / Non Vegetarian (*please circle appropriately*)

Please complete the registration form and return with payment to:

Mr. SP Palaniappan
Gleneagles Medical Centre
1 Jalan Pangkor
10050 Penang, Malaysia (Phone and Fax: +60-4-2202188)
e-mail: emergenmed@gmail.com