

REGISTRATION FORM

13th National Symposium on Adolescent Health
"NCD in Teens: Challenges & Opportunities"
5th – 7th April 2017, Grand Riverview Hotel, Kota Bharu, Kelantan
ORGANISED BY:
MAAH (Malaysian Association for Adolescent Health)
MMA, JKNK, LPPKN, MPA

PERSONAL PARTICULARS

Title:

Full Name: _____

Name on Badge (Limited to 15 letters)

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Institution: _____

Correspondence Address:

Postcode:		E-mail:	
Tel:		Fax:	

Dietary Needs/Preference: Vegetarian Non-Vegetarian

Member of : *MAAH 2016 / MMA / MOH / LPPKN (*delete whichever is not applicable)

Please tick (✓)

REGISTRATION FEES Please tick (✓)

Symposium Fees	Before 28 th February 2017	1 st March 2017 onwards
Medical Practitioner/Allied Health Professionals/Teachers/Students/Parents/NGOs	RM 550	RM 600
MAAH/MMA/MOH/LPPKN Members	RM 500	RM 550

I enclose herewith Cheque Bank Draft No
 Local Order for the sum of RM _____ payable to:

Malaysian Association for Adolescent Health
(Persatuan Kesihatan Remaja Malaysia)
Bank Account No. CIMB: 8006033992
Commercial Suite 33C-03-05,
Villa Puteri Condominium,
Jalan Tun Ismail,
50480 Kuala Lumpur.

Contact person: **Ms. Laila** (013-2665911)
Ms. Ria (013-3532561)
Fax: 03-40502422
Email: maah.secretary@gmail.com

Cash Deposit or Online Transfer

Participants may fill in this form and e-mail to maah.secretary@gmail.com including proof of payment (receipt) clearly stating transaction information.

Softcopy of this form can be obtained at maah.org.my

CANCELLATION POLICY

1. Any cancellation of registration must be made in writing to the Secretariat (MAAH).
2. There will be 50% refund of registration fees for cancellation made before 15th March 2017.
3. There will be NO REFUND of registration fees for cancellation made from 15th March 2017 onwards. However a substitute participant authorized by a letter from the original participant will be welcomed.

Signature: _____

Date: _____