

## MALAYSIAN MEDICAL ASSOCIATION (SABAH BRANCH)

10th Sabah MMA Primary Care Conference

21<sup>st</sup> & 22<sup>nd</sup> April 2018 | Pacific Sutera Harbour, Grand Ballroom, Kota Kinabalu. Sabah

Caban
PARTICIPANT REGISTRATION FORM

Name:							
Address :							
Contact No :	HP: Email : Office: Fax :						
MMA Member :	<b>YES:</b> Please write your membership no. here.			NO			
Vegetarian : √ <i>Kindly tick your preference</i>	YES			NO			
<b>REGISTRATION FEE</b> Fees are inclusive of lunches & tea breaks during conference only		e only	MMA member		Non MMA Member	Nurse / Paramedic	
EARLY BIRD (Before 15 <sup>th</sup> January 2018)		RM300.00		RM350.00	RM350.00		
EARLY Bird ( Before 1 <sup>st</sup> March 2018)		RM350.00		RM400.00	RM400.00		
LATE BIRD (1 <sup>st</sup> March 2018 onwards)		RM400.00		RM450.00	RM450.00		
<b>MODE OF PAYMENT</b> Please fax or email the bank-in slip toget completed registration form	ther with	CASH	Bank In Cas	sh	h Cheque LPO		LPO
Kindly tick your preference							
Amount							
Ref. no / Cheque no. / LPO no.							
Payment should be made payable to :Account no:MALAYSIAN MEDICAL ASSOCIATION SABAH BRANCHCIMB 80-0552368-3					52368-3		

TERMS & CONDITIONS PLEASE TAKE NOTE:

\* Payment or proof of payment must be attached with registration form.

- \* All successful registration will be notified by SMS & Email.
- \* All payments are non-refundable and receipts will be issued on the day of the conference.
- \* Fees must be paid in advance of the event, by the 18th April 2018, and made payable in Ringgit Malaysia (RM).
- \* Registrations are non transferable and not refundable.
- \* Certificate of Attendance will only be provided to participants who attend the conference/workshop.
- \* Secretariat contacts @ Whatsapp: 012-805 5009 Mdm. Elsie Jonson / 010 243 5008 Mdm. Merelyn A. Michael
- \* Please send completed registration form and accompanying fees to: MALAYSIAN MEDICAL ASSOCIATION SABAH BRANCH, P.O Box 20953, 88766 Luyang, Sabah or Fax: 088-538804 or Email: mmasbh10gpc@gmail.com

Name: ..... Date: .....

## FOR OFFICE USE ONLY

Date Received:	Received by:	Others:
Reference no:	Via:	
Invoice no:		