

SCHOMOS SEMINAR 2017
RIGHTS & RESPONSIBILITIES OF GOVERNMENT DOCTORS
15TH DECEMBER 2017
AUDITORIUM, ACC LEVEL 4, HOSPITAL PULAU PINANG

REGISTRATION FORM

I wish to attend the Seminar and enclose a *Cheque / Bank draft / Postal or Money Order (No. _____) for *RM106/RM53 (including GST @ 6%) drawn on _____ Bank, crossed A/C payee only, **made payable to MMA Penang Branch** / I have paid directly into the bank (photocopy or scanned image of pay-in slip attached).

Name : Dr. _____

NRIC No. : _____

Membership Status : * Member / Non-member

Address : _____

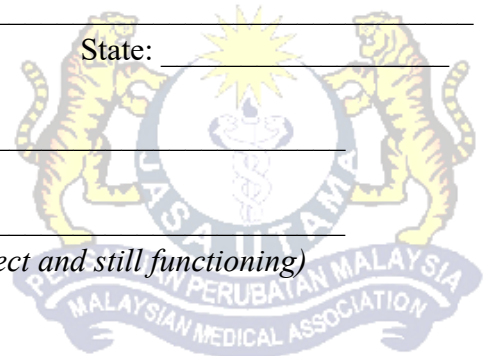
Town: _____ Post Code: _____

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 not applicable*

PAYMENT

You may also pay by electronic transfer, postal order, money order, bank draft, banker's cheque.

If paying by cheque or banker's order, please make the crossed cheque/bank draft payable to "**Malaysian Medical Association, Penang Branch**".

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 13th December 2017
Forms without registration fee will not be registered

Please send completed forms and payment to:

Dr Hooi Lai Ngoh, Public Specialist Centre, 142T Jalan Burma, 10050 Penang,
Tel No.:04-2266699 Fax. No.:04-2292379 (office hours only), 04-2294940 (all hours)
Email : mmagbr@gmail.com, drhooi.hooi@gmail.com, kish.maaya89@gmail.com