



REGISTRATION FORM

EMERGENCY & TRAUMA IMAGING CONFERENCE 2018

Auditorium, 9th Floor, Pharmacy Block

MAHSA University

Bandar Saujana Putra

Member Status	MSR Life member (), MSR Member (), Non- member ()
Title	Dato/ Datin /Prof. Assoc. Prof./ Dr. Mr / Miss / Ms /
Full Name	
Current Employment	
Address	
IC Number / Passport No	
Mobile Number	
Email Address	
Food Choice	Vegetarian () Non-Vegetarian ()
Payment option	Cash (), Cheque (), Telegraphic Transfer ()
Payment Amount	RM
Please mail / email registration form and proof of payment to Ms Norhaswani Nabilah Binti Mohd Norzalimi (norhaswaninabilah@mahsa.edu.my) & Shyarrine Liah (shyarrineliah@mahsa.edu.my)	
Payment Information (Payment can be made to the following account)	
Beneficiary Name	Malaysian Allied Health Sciences Academy Sdn. Bhd
Beneficiary Account Number	10-040-001653-6
Bank Name	Affin Bank Berhad
Bank Address	No 4 & 6, Jalan Telawi 3, Bangsar Baru, 59100 Kuala Lumpur
Swift Code	PHBMMYKL

Note: On-site registration is not acceptable. Cancellation and refund will not be accepted 4 weeks prior to event.

Participant who needs lodging can check with secretariat as there is campus residence for rent.