

REGISTRATION FORM

Please complete this form in BLOCK CAPITALS and submit it together with your registration fee to confirm your participation.

Prof Dr Mr Mrs Ms

Name

Mailing Address

Tel

Fax

Email

Mobile

Registration Fees for 24th Malaysian Urological Conference

Category	Before 15.10.2015	After 15.10.2015
Full Delegate Registration	<input type="checkbox"/> RM 800	<input type="checkbox"/> RM 850
Nurse and Allied Health	<input type="checkbox"/> RM 450	<input type="checkbox"/> RM 500
Trade Registration	<input type="checkbox"/> RM 500	<input type="checkbox"/> RM 550
Meet The Expert Session : Date : 19 th November 2015	<input type="checkbox"/> RM 350	<input type="checkbox"/> RM 400
Nursing Workshop Date : 21 st November 2015	<input type="checkbox"/> RM 150	<input type="checkbox"/> RM 200
Gala Dinner	<input type="checkbox"/> RM 100	<input type="checkbox"/> RM 100

Please issue cheque in favour of **Malaysian Urological Association** and kindly mail the completed registration form together with payment to address below.

Conference Secretariat

24th Malaysian Urological Conference
Malaysian Urological Association
Suite 2-5, Level 2, Medical Academies of Malaysia
No. 210, Jalan Tun Razak, 50400 Kuala Lumpur.

Tel : +603 4025 1251 **Fax :** +603 4025 1252

Email : muc.jb2015@gmail.com **Website :** www.muc2015.com

Registration without payment will not be processed