

## 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
<b>Full Delegate Registration</b>	RM 848	RM 901
<b>Nurse and Allied Health</b>	RM 477	RM 530
<b>Trade Registration</b>	RM 530	RM 583
<b>Meet The Expert Session :</b> Date : 19 <sup>th</sup> November 2015	RM 371	RM 424
<b>Nursing Workshop</b> Date : 21 <sup>st</sup> November 2015	RM 159	RM 212
<b>Gala Dinner</b>	RM 106	RM 106

Please take note that 6% GST is included in the above registration fees. (GST/Sales Tax No : 000987910144)

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**