

## Organised by:



## 14<sup>th</sup> Annual Dialysis Meeting 2017 | REGISTRATION FORM

### Contact Details

Name : \_\_\_\_\_ Designation: \_\_\_\_\_  
Organization : \_\_\_\_\_  
Address : \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Contact No. (O) : \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_  
E-mail : \_\_\_\_\_

No	Name	I/C No./ Passport No.	Designation	Meal Requirement (Please state Vegetarian / Non-vegetarian)

*\*(Group Registration: please provides us name list with IC number/Passport No., designation and meal requirement)*

### Registration Fee & Payment

Registration type	Course Fee (Price includes 6% GST)
Early Bird Rate (Registration before 25 <sup>th</sup> September 2017)	<input type="checkbox"/> RM 450 X _____ (No.of Pax ) Total : RM _____
Standard Rate (Registration after 25 <sup>th</sup> September 2017)	<input type="checkbox"/> RM 500 X _____ (No.of Pax ) Total : RM _____

### Mode of Payment

- Cheque payable to **National Kidney Foundation of Malaysia**
- Cash Deposit / Bank Transfer to :  
Bank Name : CIMB Bank Berhad  
Bank Address : Jaya Shopping Centre Section 14, L1-21 (First Floor), Jalan 14/14, 46100 Petaling Jaya, Selangor.  
Account No. : 80-0238247-8

### Accommodation (Hotel Istana Kuala Lumpur)

Address : 73, Jalan Raja Chulan, Bukit Bintang, 50200 Kuala Lumpur  
Telephone : +603-2141 9988  
Email : [general@hotelistana.com.my](mailto:general@hotelistana.com.my)

Kindly EMAIL or FAX this registration form and proof of payment to [training@nkf.org.my](mailto:training@nkf.org.my) or 03-7960 2359

### Contact person:

Ms. Punitha / Pn. Khairani  
Tel : 03-79602301/02  
Fax : 03-79602359  
Email : [punitha@nkf.org.my](mailto:punitha@nkf.org.my) / [khairani@nkf.org.my](mailto:khairani@nkf.org.my)