

## REGISTRATION FORM

Organised by:

### RENAL NUTRITION CONFERENCE

CCEC The Vertical, Bangsar South,  
Kuala Lumpur, Malaysia  
22 – 23 June 2024



Name: \_\_\_\_\_

IC / Passport No.: \_\_\_\_\_ Designation: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\*(Group Registration: please provides us name list with IC number/Passport No.)

No	Name	I.C No./Passport No.	Designation

Registration type	Course Fee (Select one)
*Early Bird (Local Participants)	<input type="checkbox"/> RM 650 X _____ (No.of Pax ) Total : RM _____
*Early Bird (Overseas Participants)	<input type="checkbox"/> USD 250 X _____ (No.of Pax ) Total : USD _____
<i>* Early Bird rate is valid till <b>22 April 2024</b></i>	
Standard Rate (Local Participants)	<input type="checkbox"/> RM 700 X _____ (No.of Pax ) Total : RM _____
Standard Rate (Overseas Participants)	<input type="checkbox"/> USD 300 X _____ (No.of Pax ) Total : USD _____

All payments are to be made in favour of the “National Kidney Foundation of Malaysia”.

Bank Name : **Bank Islam Malaysia Berhad**

Account No. : **120 470 100 523 69** | EFT ID : **659** | Swift Code : **BIMBMYKL**

Please email or fax to us a copy of the payment receipt.

**CLOSING DATE FOR APPLICATIONS NOT LATER THAN 14 JUNE 2024**

Please fill up the registration form and email to us at [training@nkf.org.my](mailto:training@nkf.org.my) or fax it to 03-7960 2359