

## Organised by:



# Renal Nutrition Conference 2026 | REGISTRATION FORM

### Person In-Charge Contact Details

Name :	<input type="text"/>	Designation:	<input type="text"/>
Organisation :	<input type="text"/>		
Address :	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Contact No. (O) :	<input type="text"/>	Mobile No.:	<input type="text"/>
Email Address :	<input type="text"/>		

### Participant's Details

No.	Full Name	IC / Passport No.	Designation	Email Address	Meal Requirement
					<input type="checkbox"/> Vege <input type="checkbox"/> Non-Vege
					<input type="checkbox"/> Vege <input type="checkbox"/> Non-Vege
					<input type="checkbox"/> Vege <input type="checkbox"/> Non-Vege
					<input type="checkbox"/> Vege <input type="checkbox"/> Non-Vege
					<input type="checkbox"/> Vege <input type="checkbox"/> Non-Vege
					<input type="checkbox"/> Vege <input type="checkbox"/> Non-Vege

### Registration Fee & Payment

Registration Type	Course Fee
Early Bird Rate (Registration before 30 June 2026)	<input type="checkbox"/> RM 600.00 X <input type="text"/> (No. of Pax ) Total : RM <input type="text"/>
Standard Rate (Registration after 30 June 2026)	<input type="checkbox"/> RM 650.00 X <input type="text"/> (No. of Pax ) Total : RM <input type="text"/>

\*Please tick wherever applicable  Payment via HRD Corp Grant  Sponsored by \_\_\_\_\_

### Mode of Payment

- Cheque payable to **National Kidney Foundation of Malaysia**
- Cash Deposit / Bank Transfer to :  
Bank Name : Bank Islam Malaysia Berhad  
Account No. : 12047010052369  
EFT ID. : 659

Kindly EMAIL this registration form and proof of payment to [training@nkf.org.my](mailto:training@nkf.org.my)

### Contact person:

Pn. Khairani / Pn. Farah  
Tel : 03-79602301/02  
Email : [training@nkf.org.my](mailto:training@nkf.org.my) / [khairani@nkf.org.my](mailto:khairani@nkf.org.my) / [aa@nkf.org.my](mailto:aa@nkf.org.my)