2ND CONGRESS OF THE ASSOCIATION OF SOUTHEAST ASIAN PAIN SOCIETIES

DATE : 5 TO 8 DECEMBER 2007

VENUE : CROWNE PLAZA MUTIARA KUALA LUMPUR

REGISTRATION FORM

Registration Form (photocopies of this form is accepted)

Full name

Name on badge

Institution

Correspondence Address

Post Code Country

Telephone Fax

Email Specialty

Accompanying person (1) (2)

REGISTRATION FEES

		Before 30 Sept 2007	After 30 Sept 2007	TOTAL
FOREIGN DELEGATES	Physicians	US$ 150	US$ 175	
	Allied Health Professional	US$ 120	US$ 135	
	Workshop	US$ 50	US$ 60	
	Accompanying Persons	US$ 50	US$ 60	
LOCAL DELEGATES	Physicians	RM 500	RM 550	
	Allied Health Professional	RM 400	RM 450	
	MASP Life Members	RM 350	RM 400	
	Workshop	RM 150	RM 180	
	Accompanying Persons	RM 150	RM 180	

Exchange rate guideline: USD1 = RM3.50
(at the time of printing and subject to currency exchange rate fluctuations)

TOTAL _____

All payment are to be issued in favour of "2ndASEAPS"

Mode of payment:

☐ Local Cheque ☐ Banker's Cheque ☐Telegraphic Transfer

Name of Account : 2ndASEAPS Bank : CIMB BANK

Account No : 1440-0009557-05-8 SWIFT CODE : CIBBMYKL

Please send banker's cheques or proof of remittance via telegraphic transfer along with the registration form.

Date Signature

Please return the completed form with the appropriate fee to : Organizing Committee, C/O Congress Secretariat – 2nd ASEAPS, Mundipharma Pharmaceuticals Sdn Bhd, 74 Jalan University, 46200 Petaling Jaya, Selangor Darul Ehsan