

**2nd UMMC NURSING CONGRESS 2008
REGISTRATION FORM**

Name: _____
(Capital Letter) (Prof./ Assoc. Prof/ Dr. /Mr. /Mdm. / Ms.)

Address: _____
(Institution) _____

Address: _____
(Mailing) _____

Telephone: Office _____ Hand phone _____

Fax No.: _____ Email _____

Meal: Normal Vegetarian

Amount Enclosed: _____ Reference No.: _____

Mode of payment: Cheque

Money Order

Bank Draft

Local Order

Signature

Date

*The registration fees for the participants will cover attendance for the two and a half day event, conference bags and materials, three (3) lunches, five (5) coffee/tea breaks and one (1) dinner at the venue.

*All payments should be made in cheques, bank draft or postal order and make payable to: **Pusat Perubatan Universiti Malaya**. Please do not send personal cheques or cash. A receipt will be issued as acknowledgement.

* Cancellation

1. Any cancellation of registration must be made in writing to the Secretariat.
2. There will be 80 % refund of registration fees for cancellation made before 15 June 2008.
3. There will be no refund of registration fees for cancellation made after 15 June 2008; however a substitute participant will be welcomed.
4. The organizer reserves the right to cancel or change topic of the conference, if for whatever reason beyond its control the conference cannot be held as scheduled or the topics need to be changed.

Please Return the Form to

NURSING CONGRESS SECRETARIAT

**PN. AMERAH BT ABD. RAHMAN
2ND UMMC NURSING CONGRESS 2008
8TH FLOOR NURSING ADMINISTRATION OFFICE
UNIVERSITY MALAYA MEDICAL CENTRE
59100 KUALA LUMPUR**