

## REGISTRATION FORM DIABETES MALAYSIA CONFERENCE 2024

## 2nd to 4th August 2024

Credit Card Number : Card Issued by Bank :  D. Registration and Cancellation  Please register early to enjoy "Early Bird" discount. Confirmation of registration will be sent via email / fax / mail to all participants upon receipt of Full payment. Fithat all related bank or financial charges are to be borne by the participants and are not to be deducted from the fees payable to the Diabetes Malaysia. Any cancel that all related bank or financial charges are to be borne by the participants and are not to be deducted from the fees payable to the Diabetes Malaysia. Any cancel that all related bank or financial charges are to be borne by the participants and are not to be deducted from the fees payable to the Diabetes Malaysia.	Salutation	: 🗆 Dr	□ Mr	□ Mrs	□ Ms			DM m	embersl	hip Num	ber :	
Name : (to be appear at E. certificate)  Organization : Department : Department : Telephone : Telephone : Telephone : Department : Telephone : Department : Depar	Designation	: Doctor	□ Nurse	□ Pharmacist	□ Dietitia	an □ MA		□ Diab	oetes Ed	lucator	□ Ot	hers
Country   Country   Fax   Email   Country   Fax   Fa	_											
Mailing Address:  Postcode:  State:  Mobile:  Country:  Fax:  Email:  Country:  CATEGORY  Early Bird Registration before 30 June 2024  Registration after 30th June 2024  Registration is confirm upon completing payment slip for verification of payment received for your payment slip for verification of payment received for your payment slip for verification of payment received for your payment slip for verification of payment received for your payment slip for verification of payment received for your payment slip for verification of payment received slank Address:  SWIFT Code: SCBLMYKXXXX   Mode of Payment (Please tick '\" where appropriate)  Codeque No  Cheques Cheq								-				
Postcode : State : Mobile :	Organization	:						Depa -	artment	:		
Country : Fax : Email :    Meal	Mailing Address	:						Telep	phone	:		
AREGISTRATION FEES    CATEGORY	Postcode	:		State :				Mobile		:		
CATEGORY   Early Bird Registration before 30 June 2024   Registration after 30th June 2024   DM Member	Country	:		Fax :				Email :				
CATEGORY   Early Bird Registration before 30 June 2024   Registration after 30th June 2024   DM Member	Meal	: □ Vegeta	rian (Please	e tick '√' where appro	priate)							
DM Member	B. REGISTRA											
Allied Health	CATEGORY			Early Bird Registration before 30 June				2024 Registration a			fter 30th June 2024	
Doctors				_								
Student (attach photocopy of ID)	Allied Health				□ RM 650							
International Participant  USD 250  USD 300  IMPORTANT NOTA: Please provide copy of payment slip for verification of payment slip for verification of payment received account Number  2				_					-			
C. PAYMENT DETAILS  Payment should be made payable to the following bank account Account Name : Diabetes Malaysia Account Number : 794-1-4696624-2 Bank Name : Standard Chartered Bank, Malaysia Berhad Bank Address : 30-36 Jalan 52/4, 46200 Petalling Jaya, Selangor Darul Ehsan  SWIFT Code : SCBLMYKXXXX   Mode of Payment (Please tick '√' where appropriate)  Decal Purchase Order LO No.  Telegraphic Transfer (T.T) T.T Ref T.T from (Bank Name) :  Online Transfer  Credit Card Number : Expiry Date (MM/YY) :  Credit Card Number : Card Issued by Bank :  D. Registration and Cancellation  Please register early to enjoy "Early Bird" discount. Confirmation of registration will be sent via email / fax / mail to all participants upon receipt of Full payment. Fe that all related bank or financial charges are to be borne by the participants and are not to be deducted from the fees payable to the Diabetes Malaysia. Any cance	,								+			
Cheques Cheque No  Telegraphic Transfer (T.T) T.T Ref  T.T from (Bank Name) :  Online Transfer  Credit Card  Name of Card Holder : Expiry Date (MM/YY) :  Credit Card Number : Card Issued by Bank :  D. Registration and Cancellation  Please register early to enjoy "Early Bird" discount. Confirmation of registration will be sent via email / fax / mail to all participants upon receipt of Full payment. Finat all related bank or financial charges are to be borne by the participants and are not to be deducted from the fees payable to the Diabetes Malaysia. Any cancellation	Bank Address SWIFT Code	<b>ent</b> (Pleas	: 30-36 J : SCBLM	alan 52/4, 46200 YKXXXX	Petaling J		gor [	Darul E	Lhsan	·	<u> </u>	
T.T from (Bank Name) :  Online Transfer  Credit Card  Name of Card Holder : Expiry Date (MM/YY) :  Credit Card Number : Card Issued by Bank :  D. Registration and Cancellation  Please register early to enjoy "Early Bird" discount. Confirmation of registration will be sent via email / fax / mail to all participants upon receipt of Full payment. Finat all related bank or financial charges are to be borne by the participants and are not to be deducted from the fees payable to the Diabetes Malaysia. Any cancellation	Local Purchase Order LO No.											
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egistration must be made in writing to the Conference Secretariat. Refunds will only be made after the Conference. Cancellation received on or before 30 00% refund. Cancellation received between 31 May to 30 June 2024: 50% refund. Cancellation received on or after 30 June 2024: No Refund for whatever reason participant is unable to attend the Conference, a replacement is allowed at no extra cost, provided the full name of the replacement is submitted to Dial falaysia before 1st July 2024.	Please register early nat all related bank of egistration must be r 00% refund. Cance any participant is	y to enjoy "Eal or financial cha made in writing ellation received unable to att	rly Bird" discon rges are to be to the Confe d between 31	unt. Confirmation of a borne by the partici rence Secretariat. Ro May to 30 June 202	pants and are efunds will of 4 : 50% refun	not to be ded nly be made d. Cancellation	ucted after on rec	from the the Conceived or	e fees pay onference. n or after	Cancella 30 June 20	Diabete tion rece 024 : No	s Malaysia. Any cancellatio eived on or before 30 Ma Refund for whatever reasor
Signature : Date :	Signature					1	)ate					