

REGISTRATION FORM for the 20th GP Conference ONLY

I wish to attend the 20th Penang Teaching Conference for General Practitioners and enclose a Local Order/cheque (No. _____) for RM371 / RM477 / US\$212 (all including GST @ 6%), drawn on _____ Bank, crossed A/C payee only, **made payable to MMA Penang Branch /** I have paid directly into the bank (photocopy of pay-in slip attached).

Name : Dr. _____

*MMA/Academy of Family Physicians Membership Number : _____

NRIC Number Old : _____ New : _____

Address : _____

Town : _____ Post Code: _____ State _____

Phone No. : _____ Fax No. : _____

E-mail : _____

(Please ensure that the e-mail address is clearly legible, correct and still functioning)

Please indicate if vegetarian food is required: *Yes / No (* Delete whichever is not applicable)

Payment

If paying by cheque or banker's order, please make the crossed cheque/bank draft payable to **"Malaysian Medical Association, Penang Branch"**. You may also pay by electronic transfer, postal order, money order, bank draft, banker's cheque, Local Order. You are encouraged to pay directly into our bank account under the name "Malaysian Medical Association Penang Branch" A/C No. 80-0394972-0 at the CIMB Bank, Penang. After paying in, please send us a photocopy of the pay-in-slip as proof of payment, along with your application form or scan and e-mail the pay-in slip/s along with your application form/s.

The closing date for registration is 10th September 2017

Photocopies of the form are acceptable

<http://www.mma.org.my/media-events/event-calendar/icalrepeat.detail/2017/09/14/85/-/20th-penang-teaching-conference-for-general-practitioners>

The form can be downloaded from

Forms without registration fee (or LO) will not be registered

Please send completed forms and payment to:

Mr SP Palaniappan, Gleneagles Penang, 1 Jalan Pangkor, 10050 Penang,
Tel. and fax No. : 04-222 9188 (office hours only) Fax. No. : 04-226 2994 (all hours)
Email : 20gpcourse@gmail.com Faxes to be marked "Attention of Mr Palaniappan"

You may register by e-mail if you have paid the fee into the bank account.

You have to attach a clear legible scanned copy of the original stamped bank's pay in slip or an image of the electronic proof of payment receipt, along with the form/s as proof of payment

REGISTRATION FORM for Workshops on 14th September, 2017

Please fill in the registration form legibly or type in or download and fill in on the computer and send in before 10th September 2017. **Only registration forms with payment will be accepted.**

Workshop	Fee for MMA Members	Fee for all others	Attending yes/no
WORKSHOP 1: General Abdominal Sonography (Full day)	RM159.00	RM318.00	
WORKSHOP 3: Managing Obesity in your practice (Half Day afternoon)	RM53.00	RM79.50	
<i>Lunch will be provided for workshop 1 only. You will be able to attend <u>only one</u> workshop</i>			

I wish to attend the workshop (marked above) of the 20th Penang Scientific Conference for General Practitioners and enclose a Local Order/cheque/bank draft/Postal or Money Order (No. _____) for RM318/RM159/RM53 (including GST @ 6%) drawn on _____ Bank, crossed A/C payee only, **made payable to MMA Penang Branch /** I have paid directly into the bank (photocopy or scanned image of pay-in slip attached).

Name : Dr. _____

*MMA/Academy of Family Physicians Membership Number : _____

NRIC Number Old : _____ New : _____

Address : _____

Town : _____ Post Code: _____ State _____

Phone No. : _____ Fax No. : _____

E-mail : _____
(Please ensure that the e-mail address is clearly legible, correct and still functioning)

Please indicate if vegetarian food is required: *Yes / No (* Delete whichever is not applicable)

Payment

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