

## REGISTRATION FORM for the Penang Respiratory Conference 2019

I wish to attend the Penang Respiratory Conference 2019 from 5<sup>th</sup> to 7<sup>th</sup> April 2019 and enclose proof of electronic payment for RM400 / RM500 / US\$200. A Postal Order, Local Order / cheque No. \_\_\_\_\_ drawn on \_\_\_\_\_ Bank, crossed A/C payee only, **made payable to Malaysian Medical Association Penang Branch** / I have paid directly into the bank on line (photocopy of pay-in slip attached). [Please delete the inappropriate phrases] RM400 for MMA/MTS Members. All others RM500/US\$200.

Name : Dr. \_\_\_\_\_

MMA / MTS 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)*

**Your** Bank's Name and your account numbers: \_\_\_\_\_

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

### Payment Instructions

If paying by cheque banker's order, or postal 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 strongly encouraged and it is preferred that you 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 / screenshot of the pay-in-slip as proof of payment, along with your application form or scan and e-mail the pay-in slip along with your application form.

### The closing date for registration is 25<sup>th</sup> March 2019

Photocopies of the form are acceptable  
The form can be downloaded from  
<http://www.mma.org.my/Portals/>

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

Mr SP Palaniappan, Gleneagles Penang, 1 Jalan Pangkor, 10050 Penang,  
Tel. and fax No.: (office hours only) 04-2229188 (all hours) Fax. No.: 04-2262994  
Email : [pgrespiratory@gmail.com](mailto:pgrespiratory@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 official bank's pay in slip along with the form/s as proof of payment**