

MASP SM 2012 REGISTRATION FORM (Please fax to 03-7946 0600 upon completion)

Secretariat: **Mundipharma Pharmaceuticals Sdn. Bhd.** A-05-01 Level 5, Block A, PJ8, No 23 Jalan Barat, Seksyen 8, 46050 Petaling Jaya, Selangor Darul Ehsan. Contact: Ms. Wawa Tel: (603) 7946 0606 Fax: (603) 7946 0600 E-mail: maspsecretariat@gmail.com

A. PARTICIPANT INFORMATION

Title: _____ Prof / Datuk / Dato' / Datin / Dr / Mr / Mrs / Ms

Full Name: _____

Name on Badge: _____

Specialty: _____

☐ Anaesthetist

☐ Pain Specialist

☐ Oncologist

☐ Palliative Care

☐ Medical Officer

☐ Pharmacist

☐ Physiotherapist

☐ Nurse

☐ Other- Please specify: _____

Hospital / Institution: _____

Address: _____

Office Tel No: _____

Mobile No: _____

Fax No: _____

E-mail: _____

B. MEETING REGISTRATION FEES

	Before & on 29th Feb 2012	After 29th Feb 2012	On Site
Specialist Doctors	MYR 400	MYR 500	MYR 550
Trainee Doctors	MYR 300	MYR 400	MYR 450
Allied Health Professionals	MYR 200	MYR 250	MYR 300
MASP Life Members	MYR 200	MYR 250	MYR 300

PRE-CONGRESS WORKSHOPS on 16th March Please select only ONE workshop of your choice

(Limited seats available / registration is compulsory and on a first-come-first-serve basis)

	Workshop 1	Workshop 2
	Ultrasound Guided Nerve Blocks Hands-On with Live Models (for Doctors only)	Troubleshooting in Acute Pain Service (Tailored for Allied Health Professionals)
Please tick on the workshop you are keen to attend		

C. PAYMENT METHOD

	Before 29th Feb 2012	After 29th Feb 2012	On-site
Main Meeting Fees			
Total (MYR)			

☐ Cash

☐ Cheque

Cheque No: _____

Please make cheque payable to **"Malaysian Association for the Study of Pain"**.

Bank Account No:

CIMB 14400007040057

Bank Account Name:

Malaysian Association for the Study of Pain

Please send proof of payment together with the completed registration form to any of the secretariat contacts.

Acknowledgement of your registration will be sent via e-mail to you.

Receipts for payments will be ready for collection at the start and during the event.

Date: _____

Signature: _____

HOTEL RESERVATION (The attached hotel options are available to you. Kindly arrange for your own reservation/s.)

Hotel	Room Rate	Contact
Pyramid Tower Hotel Persiaran Lagoon, Bandar Sunway, 46150 Petaling Jaya, Selangor Darul Ehsan. http://kualalumpur.sunwayhotels.com	As per separate list attached	Please refer separate list attached
Sunway Resort Hotel & Spa Persiaran Lagoon, Bandar Sunway, 46150 Petaling Jaya, Selangor Darul Ehsan. http://kualalumpur.sunwayhotels.com	As per separate list attached	

Remarks:

- Please refer to hotel's terms and conditions.