

MATRIX Ipoh Pain Symposium 2014

REGISTRATION FORM

Incorporating Workshop on Acupuncture, Relaxation Techniques and
Physiotherapy / Stretch Therapy

Title : Prof / Dato' / Datin / Dr / Mr / Mrs

Full Name : _____

Name on Badge : _____

Anaesthetist Pain Specialist General Practitioner

Specialty : Physiotherapist Medical Officer Nurse/Medical Assistant

Occupational Therapist Other – Please Specify: _____

Institution : _____

Address : _____

Office Tel No : _____ Mobile No : _____ Fax No : _____

E-mail : _____

Dietary Requirement : Vegetarian Non - vegetarian

MEETING FEES

Doctors	RM150
Allied Health Professionals	RM 75

Please make payment payable to
"Pertubuhan Pendidikan Perubatan Lepas Ijazah Hospital Ipoh"
RHB A/C : 2080 6110 1571 66

Enclosed payment for the amount of RM _____ to be made through

Cheque : _____ by (Bank) _____

Cash : _____ (accepted on the event day only)

(We regret that LO is not acceptable)

Date : _____ Signature : _____

Contact persons : DR Nandhini : 012-5503854
 : Matron Saleha : 019-5579553 } 05-522 2115/2262
 : Sr Faridah : 019-5591273

(Please fax to 05-2428 033 upon completion and inform the contact person)