

Organised by:



15th Annual Dialysis Meeting 2018 | REGISTRATION FORM

Contact Details

Name : _____ Designation: _____
Organization : _____
Address : _____
Postcode: _____
Contact No. (O) : _____ Fax: _____ Mobile: _____
E-mail : _____

No	Name	I/C No./ Passport No.	Designation	Meal Requirement (Please state Vegetarian/ Non-vegetarian)

**(Group Registration: please provide us name list with IC number/Passport No., designation and meal requirement)*

Registration Fee & Payment

Registration type	Course Fee (0% GST)
Early Bird Rate (Registration before 28 th August 2018)	<input type="checkbox"/> RM 470.00 X _____ (No. of Pax) Total : RM _____
Standard Rate (Registration after 28 th August 2018)	<input type="checkbox"/> RM 520.00 X _____ (No. of Pax) Total : RM _____

Mode of Payment

- Cheque payable to **National Kidney Foundation of Malaysia**
- Cash Deposit / Bank Transfer to :
Bank Name : CIMB Bank Berhad
Bank Address : Jaya Shopping Centre Section 14, L1-21 (First Floor), Jalan 14/14, 46100 Petaling Jaya, Selangor.
Account No. : 80-0238247-8

Accommodation (VE Hotel & Residence)

Address : 8, Jalan Kerinchi, Bangsar South City, 59200 Wilayah Persekutuan Kuala Lumpur.
Tel : +603-2246 2888
Email : info@vehotel.com

Kindly EMAIL this registration form and proof of payment to training@nkf.org.my or fax to 03-7960 2359.

Contact person:

Ms. Rebekah / Pn. Khairani
Tel : 03-79602301/02
Fax : 03-79602359
Email : rebekah@nkf.org.my / khairani@nkf.org.my