

Registration Form

PC3: WORKSHOP ON SUFFERING & HOPE

* CPD points allocation - Doctors (9 pts) Nurses (30pts)

24 – 26 July 2010



HOSPIS MALAYSIA (223675-X)
2 Jalan 4/96
off Jalan Sekuci
Taman Sri Bahtera
Jalan Cheras
56100 Kuala Lumpur
Tel : (03) 9133 3936
Fax : (03) 9133 3941
E-mail : info@hospismalaysia.org
Website : www.hospismalaysia.org

VENUE

Auditorium – 1st floor
Hospis Malaysia

REGISTRATION FEE

RM 300 (Doctors)
RM 300 (Nurses/Allied Healthcare Professionals)

This includes full admission to the workshop, lunch and coffee breaks.

CLOSING DATE: 19 July 2010

Kindly complete this form and fax to (03) 9133-3941. We will contact you to confirm your participation upon receiving the completed form.

(Registration is not transferable)

Name of Participant :

Address :

Contact No : (O) _____ (H/P) _____ (Fax) _____

Category : Doctor Nurse Email _____

Vegetarian : Yes No

Method of payment

I hereby enclose my payment of RM _____ (cheque/postal order/money order in favour of Hospis Malaysia) being payment for my participation in the above workshop. LPO payments to be made to “**Hospis Malaysia**” through Maybank – Taman Midah, Cheras Account No: 5141-3212-1211. Cash payment is also acceptable during registration on site.

The above is a staff of _____
(Department/Hospital)

Authorised Signature

Date : _____

For more information, please contact Ms. Rosaline at: (03) 9133 3936 extension 200 or email: Rosaline@hospismalaysia.org between 8.30am – 5.00pm (Mon – Fri).