

REGISTRATION FORM (PDM MEMBER FORM)

CONFERENCE SECRETARIAT



Galderma c/o Zuellig Pharma Sdn Bhd

Unit 904, Level 9, Uptown One, Jalan SS21/58 Damansara
Utama, 47400 Petaling Jaya, Selangor Darul Ehsan, Malaysia
Tel: 03-7735 6570 Ext 6592 Fax: 03-7735 6599
Contact Person: Christy Phang 016 - 412 2527
Email: pdmreg@gmail.com



41ST ANNUAL DERMATOLOGY CONGRESS OF THE DERMATOLOGICAL SOCIETY OF MALAYSIA 15th -18th Sept 2016, Pullman Kuching Hotel, Kuching **New Horizons in Immunology and Dermatology**

A. PARTICIPANT'S DETAILS

Name (as per I.C.) _____ Mobile _____

I.C. (for CPD points) _____ Fax _____

Place of Practice _____ Email _____

Address _____

B. REGISTRATION FEES

Category	Early Bird Registration (before 31 st July 2016)	Registration (after 31 st July 2016)	Payment Mode (Please circle)	Total (RM)
PDM Member	RM200	RM300	Cheque / LO	RM
Accompanying Person*	RM200	RM200	Cheque / LO	RM
Pre-Congress Workshop	Free	Free	Free	-
Please tick (✓) if you are participating the following for reservation	Pre-congress Workshop () Thursday, 15th Sept 2016 Dinner Symposiums () Thursday, 15th Sept 2016 () Friday, 16th Sept 2016			

*Name of Accompanying Person: _____
(Includes admission to trade exhibition area, lunch and coffee breaks on Thursday, Friday and Saturday)

C. MEAL ARRANGEMENTS

Lunch is complimentary for family members. Please tick (✓) on the following table for reservations.

Category	Thursday 15 th Sept 2016		Friday 16 th Sept 2016		Saturday 17 th Sept 2016		Total (RM)
	Lunch	Dinner	Lunch	Dinner	Lunch	Annual Dinner	
Spouse							RM
No. of children (<12 yrs old)	_____ pax						RM
No. of children (≥12 yrs old)	_____ pax						RM
Please indicate if vegetarian meals required	_____ pax		_____ pax		_____ pax		-
GRAND TOTAL							RM

D. CONFERENCE REGISTRATION & PAYMENT

Email your registration to conference secretariat at pdmreg@gmail.com

Visit conference website for full details at www.dermatology.org.my/annual_conference.php

Payment Options:

i) Direct Bank-In	ii) Cheque
Please advise Dato' Dr Noor Zalmy at Noorzalmy@yahoo.com and cc to Secretariat, Ms Christy Phang by attaching your payment transaction slip after direct bank-in is done. Bank: Public Bank, Jalan Raja Chulan, Kuala Lumpur Name of Acc: Persatuan Dermatologi Malaysia Acc No: 3077451626	Payment for registration and/or meals are made payable to PERSATUAN DERMATOLOGI MALAYSIA . Kindly post your cheque to: The Conference Registration Secretariat Galderma c/o Zuellig Pharma Sdn Bhd Unit 904, Level 9, Uptown One, Jalan SS21/58 Damansara Utama, 47400 Petaling Jaya Attention: Christy Phang 016 - 412 2527

Cheque No. & Bank Name _____ for RM _____

Signature _____

Date _____