

REGISTRATION FORM (Non-PDM Member)

CONFERENCE SECRETARIAT



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

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

A. PARTICIPANT'S DETAILS

Name (as per I.C.) _____ Mobile _____
I.C. (for CPD points) _____ Fax _____
Place of Practice _____ Email _____
Specialty _____

B. REGISTRATION FEES

Category	Early Bird Registration (until 31 st July 2016)	Registration (after 31 st July 2016)	Payment Mode (Please circle)	Total (RM)
PDM Member	RM200	RM300	Cheque / LO	RM
Non-Member	RM800	RM900	Cheque / LO	RM
LADS Society Member	RM650	RM750	Cheque / LO	RM
Trainees / Govt Medical Officers	RM350	RM450	Cheque / LO	RM
Nurses / Paramedics	RM400	RM500	Cheque / LO	RM
Day Registrant	RM400	RM400	Cheque / LO	RM
Accompanying Person**	RM200	RM200	Cheque / LO	RM
Pre-congress Workshop*	RM100	RM100	Cheque / LO	RM
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			

* Fees waived for PDM member, trainees, govt med officers, nurses and paramedics

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

C. MEAL ARRANGEMENTS

Lunch will be arranged for non-registered accompanying persons at **RM50/pax per meal for adults and RM30/pax for children (<12 yrs old)** on Thursday, Friday and Saturday. Kindly indicate the quantity of meals required.

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	
Adults – RM50 per meal	___ Adult		___ Adult		___ Adult	By invitation only	RM
Children – RM30 per meal	___ Child		___ Child		___ Child		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 _____