



REGISTRATION FORM

Name: Dato/Datin/Dr/ Mr/Mrs/Miss _____

IC No: _____ Age: _____ Sex : Male / Female

Category : Specialist / Medical Officer / Paramedics / Allied Health

Institution: _____

Address: _____

H/ Phone : _____

Office Tel _____

Email : _____

REGISTRATION FEES:

PRE-CONFERENCE 7 May 2016 (Auditorium ACC HRPZII) Please Tick (✓)	PER WORKSHOP FEES	Total (RM)
Specialist	RM 250	
Medical Officer		
Paramedics / Allied Health	RM 150	

MAIN CONFERENCE 8 & 9 May 2016 (Perdana Hotel, Kota Bharu) Please Tick (✓)	(RM)	Total (RM)
Specialist	650	
Medical Officer	500	
Paramedics / Allied Health	300	

*** 20% discount for Students (Medical, Allied Health & Subspecialty Training)**

TOTAL PAYMENT : _____

Note: Closure date for the registration is **20th April 2016**

" KELAB GASTRO-HEPATOLOGI DAN ENDOSKOPI PANTAI TIMUR "
Bank Islam Cawangan Jalan Sultan Ibrahim, 15050 Kota Bharu.
Account No ; 03102010002832

Kindly submit your registration form to the secretariat address :

KGHE Secretariat
 Endoscopy Unit
 Hospital Raja Perempuan Zainab II
 Jalan Hospital
 15586 Kota Bharu, Kelantan.
TEL : 09-7452000 ext 4105 / 4166 Fax: 09-7452657
E-mail : kghe_hrpz@yahoo.com