

CONFERENCE REGISTRATION FORM

To: Secretariat (Ms. Sulaiha)
Tel : 07-2244148, Fax : 07-2230867
Email : sulaiha.kk@gmail.com

Please register (Name/s)

1. _____
2. _____
3. _____
4. _____

Name of Organization/Company/Society/Others:

Mailing Address: _____

Tel No. _____ Fax No: _____

Email: _____

Any special meal/personal requirements: _____

Total payment amount RM _____ by crossed cheque made in favor of 'APFAM Malaysia'.

I understand that registration will be confirmed and payment acknowledged upon receipt and no refunds will be entertained. More details of the conference will be provided to participants closer to the conference dates.

Signature : _____ Date : _____

Conference Registration Fees

- | | | |
|--|---|---------------------|
| (1) APFAM members | : | RM100.00 |
| (2) Non-APFAM members | : | RM120.00 |
| (3) Students | : | RM50.00 |
| (4) Organisations | : | RM200.00 per person |
| (5) Organisations sending more than 4 participants | : | RM150.00 per person |

Registration fee will cover:

- Conference Papers
- Admission to All Sessions
- Lunches & Refreshments