

**REGISTRATION FORM**

**DELEGATE INFORMATION** (Please type or print clearly and use separate registration form for each delegate)

Please tick ✓ :  Prof     A/Prof     Dr     Mr     Mrs     Mdm     Ms

Profile :  Cardiologist     Internist     Other MD     Paramedic     Industry

Name : \_\_\_\_\_

Institution : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_ Zip/Postal code: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Tel No. : \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-mail : \_\_\_\_\_ Preferred Name for Badge: \_\_\_\_\_

**REGISTRATION FEE** (Please check relevant categories and amount)

Congress	Category	Before 30 June 2009	After 30 June 2009	Total Amount <b>US</b>
Main Congress	<input type="checkbox"/> Medical Doctor	<input type="checkbox"/> US 300	<input type="checkbox"/> US 350	
	<input type="checkbox"/> Paramedic / Industry	<input type="checkbox"/> US 250	<input type="checkbox"/> US 300	
	<input type="checkbox"/> *Accompanying person	<input type="checkbox"/> US 80	<input type="checkbox"/> US 100	

Registration fee for participants includes admission to all sessions and exhibition, meeting materials, welcome reception, coffee, lunch break and gala dinner  
\* The registration fee for accompanying person includes one ticket for Gala dinner and trade exhibition pass.

**ACCOMPANYING PERSON**

1.  Mr     Ms     Mdm    Name: \_\_\_\_\_

2.  Mr     Ms     Mdm    Name: \_\_\_\_\_

**PAYMENT**

All payments must be made payable to **NHAM-MY LIVE**

**Cheque or Bank draft**

Bank Name: \_\_\_\_\_ Cheque/Bank draft No. \_\_\_\_\_ Date of issue: \_\_\_\_\_

Account name : NHAM MY LIVE  
Acc No. : 2-12349-00036797  
Bank Name : RHB BANK BERHAD (Damansara Utama Branch)  
Bank address : 2G & 2M, Jalan SS 21/39, Damansara Utama, 47400. Petaling Jaya, Selangor, MALAYSIA  
Swift code : RHBBMYKL

**IMPORTANT:**

- Return the completed form with full payment to the Congress Secretariat.
- All remittance charges must be paid by the registrants. Copy of validated bank remittance slip must be submitted together with the registration form.
- Confirmation of registration and payment receipt will be issued upon clearance of payment.
- Pre-registration ends on **17 July 2009**. Thereafter, registration will be processed on-site only.
- Confirmation Letter with your registration number will be sent upon receipt of your registration form and payment. Please inquire if confirmation does not reach you 4 weeks after your sending.

**CANCELLATION & REFUND POLICY**

Refund of registration fees for any cancellation or change in registration, less 25% administrative charges, can be applied for in writing until **30 June 2009**. After this date no refund will be possible. All bank service charges will be deducted from the refund amount.

**MY LIVE 2009 Secretariat**

c/o T2-9, Jaya 33, No.3, Jalan Semangat, Seksyen13, 46100 Petaling Jaya, Selangor Darul Ehsan, Malaysia.  
Tel : (603) 7718 1680 Fax : (603) 7718 1667 Email : mylive@malaysianheart.org

\_\_\_\_\_  
Registrant's Signature & Date