

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 US
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