



# REGISTRATION FORM

(Please fax to 603-2096 9797 or email: info@aphmconferences.com)

Please tick (✓) choices

**Yes!** Please register me/us for the Conference.  
 (Kindly provide individual email and mobile number for each participant to receive QR Code for registration).

Name	Designation	Email	Mobile #	3 Days Package	APHM Conference	Medico-Legal Conference	Nursing Conference
				29-31 July	29 July	30 July	31 July
1. _____	_____	_____	_____				
2. _____	_____	_____	_____				
3. _____	_____	_____	_____				
4. _____	_____	_____	_____				
5. _____	_____	_____	_____				

Company \_\_\_\_\_

Address \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Contact person \_\_\_\_\_ Designation \_\_\_\_\_

## CONFERENCE FEES\*

Each day is separately bookable.

APHM Members RM550 per person per day  
 Non-Members RM750 per person per day  
 Foreign Delegates US\$350 per person per day

*Local delegates Group Discount: RM50 off per person for 3 or more delegates from the same organisation.*

Special 3 days package (choice of any 3 days/programme)

APHM Members RM1,250 per person  
 Non-Members RM1,800 per person  
 Foreign Delegates US\$800 per person

(Fee includes lunch, tea breaks, Conference material and Certificate of Attendance)

\* All fees subject to 6% GST

## PAYMENT DETAILS

Enclosed is cheque \_\_\_\_\_ for sum of \_\_\_\_\_ payable to "Association of Private Hospitals of Malaysia"

Payment by Local Order

Copy of bank-in slip for sum of \_\_\_\_\_ paid to :

Company : Association of Private Hospitals of Malaysia  
 Bank A/C No. : 8001129885  
 Bank Address : CIMB Bank,  
 Cawangan Jalan Tuanku Abdul Rahman  
 338, Bangunan Commerce Life,  
 50100 Kuala Lumpur  
 Bank Swift Code: CIBBMYKL

Note :  
 For payment by Credit Card, please register online at website:  
**www.aphmconferences.com**  
 and pay via Paypal

Organised by:



## Association of Private Hospitals of Malaysia

A-17-01, Menara UOA Bangsar, No. 5, Jalan Bangsar Utama 1, 59000 Kuala Lumpur, Malaysia.

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