

REGISTRATION FORM

College of Radiology, Academy of Medicine of Malaysia

Unit 2.4 (Suite 1), Enterprise 3B, Jalan Innovasi 1, Technology Park Malaysia, Lebuhraya Puchong-Sungei Besi, Bukit Jalil 57000, Kuala Lumpur. Email: secretariat@radiologymalaysia.org URL: www.radiologymalaysia.org

Please email your completed registration form with proof of payment to secretariat@radiologymalaysia.org
LAST DAY TO REGISTER – 17 AUG 2022 For enquiry: 012-2826208 / 03-89942808 (Ms Lesley)

A. REGISTRATION

IMPORTANT: ALL BELOW INFORMATION ARE REQUIRED

Title (please select): Prof Dr Dato' Datin Mr Mrs Ms

Full Name: _____ MMC No _____
(PLEASE WRITE CLEARLY IN BLOCK LETTERS FOR PRINTING OF CERTIFICATE OF ATTENDANCE)

Place of Work: _____ I/C No : _____

Work Address or Location: _____

Mobile No: _____ Email Address: _____

CoR Member Non-Member (Radiologist/NM Physician/Oncologist) Trainee/Radiographer/Nurse

Others (please specify) _____

B. REGISTRATION FEE

FEE CATEGORY:	
COR MEMBER	RM 60.00
NON-MEMBER / OTHERS	RM 150.00
IMPORTANT NOTE: STRICTLY NO REFUND ON CANCELLATION FOR PAYMENT MADE SEVEN (7) DAYS OR LESS PRIOR TO EVENT.	

C. PAYMENT MODE

PLEASE SELECT:	
<input type="checkbox"/> Bank Transfer (At Payment Ref, please state name of Registrant)	Amount Paid (RM):
<input type="checkbox"/> Cash Deposit (On Cash Deposit Slip, please write name of Registrant)	Payment Date:

D. BANK INFORMATION

Account Name:	College of Radiology-Seminar
Account Number:	312193449259
Bank Name:	Standard Chartered Bank Malaysia Berhad
Bank Address:	Level 22, Equatorial Plaza, Jalan Sultan Ismail, 50250 Kuala Lumpur.
Bank Swift Code:	SCBLMYKXXXX

SIGNATURE: _____ APPLICATION DATE: _____

IMPORTANT - If you have not received any email confirmation of your registration after one (1) week from your payment date, please check with the CoR Secretariat @ 012-2826208 / 03-8994 2808

Thank you for your registration. Enjoy the Webinar!