

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 slip to secretariat@radiologymalaysia.org
Enquiry - please call or whatsapp: 012-2826208 (Ms Lesley @ CoR Secretariat Office)

REGISTRATION TO CLOSE ON 16 MAR 2023 @ 9:00PM.**A. REGISTRATION**

IMPORTANT: ALL BELOW INFORMATION ARE REQUIRED – KINDLY WRITE CLEARLY.

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 THREE (3) 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:	SCBLMYKXXX

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. Thank you for your registration. Enjoy the Webinar!