

# REGISTRATION FORM ONE FORM TO ONE PARTICIPANT

LAST DAY FOR PAYMENT: 15 JUN 2022

12<sup>TH</sup> ASEAN & 9<sup>TH</sup> Perak Health  
Congress on Primary Health Care  
15-17 July 2022 • Kinta Riverfront Hotel, Ipoh



|  |
|--|
| <b>Full Name:</b>  |
| <b>Name to appear on Name Tag:</b>   |
| <b>Mailing Address:</b>  |
| <b>Email:</b>  |
| <b>Telephone: Office</b> <span style="float: right;"><b>Mobile</b></span><br><small>(optional)</small> |

- **Payment of registration fee is on or before 15 June 2022** (except on-site registration).
- **Medical Student:** Please submit a letter from your Head of Institution along with the registration form.
- Please make payment in favour of: **"12th Asean & 9th Perak Health Congress"**

*Bank:* Public Bank Berhad  
*Account No:* 3221890901  
*SWIFT code:* PBBEMYKL  
*Address to:*  
 Ms Wendy Wong  
 c/o KPJ Ipoh Specialist Hospital,  
 26 Jalan Raja Dihilir, 30350 Ipoh,  
 Perak, Malaysia.  
*Tel & Fax:* +6(05) 242 6549  
*Email:* congress@pmmps.org.my

| <b>LOCAL DELEGATE</b> (select only one fee)  | <b>Fee (RM)</b>   | <b>Payment (RM)</b> |
|--|-------------------|---------------------|
| Doctor .....   | 450.00            |                     |
| Paramedic .....  | 300.00            |                     |
| Medical Student .....  | 200.00            |                     |
| Day Registrant <input type="checkbox"/> 15 Jul <input type="checkbox"/> 16 Jul <input type="checkbox"/> 17 Jul | 200.00            |                     |
| Late / On-site Registration .....  | 500.00            |                     |
| <b>PRE-CONGRESS</b> (select only one fee)  |                   |                     |
| Congress Registrant .....  | 150.00            |                     |
| Non-Congress Registrant .....  | 200.00            |                     |
| <b>FOREIGN DELEGATE</b>  | <b>USD 250.00</b> |                     |
| (includes Congress and Pre-Congress participation)   |                   |                     |

**PAYMENT**  
in USD

**PAYMENT**  
in RM

**PRE-CONGRESS WORKSHOPS** are concurrent. Select  ONE below.

ECG

Contraception

Signature  
(only required for off-line submission)

Date